

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V16988 1. Entity Name INTELVEND, INC.	
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FILED
05 SEP 19 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13615 SOUTH DIXIE HIGHWAY #114 PMB 481 MIAMI, FL 33176-7252 US	Mailing Address 13615 SOUTH DIXIE HIGHWAY #114 PMB 481 MIAMI, FL 33176-7252 US
2. Principal Place of Business 4649 N.W. 36 Street Suite, Apt. #, etc.	3. Mailing Address 4601 N.W. 36 Street Suite, Apt. #, etc.

09022005 Chg-P CR2E034 (10/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33166	Country USA
Zip 33166	Country USA

4. FEI Number 65-0321515	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GUARCH, J.M., JR. ARAN CORREA & GUARCH, P.A. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name GUARCH, J.M., JR. / ARAN CORREA GUARCH & SHAPIRO, P.A. Street Address (P.O. Box Number is Not Acceptable) 255 University Drive City Coral Gables FL Zip Code 33134
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMER, ALICIA	NAME	
STREET ADDRESS	P.O. BOX 5916	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	200059796512
CITY-ST-ZIP		CITY-ST-ZIP	09/20/05--01072--016 **61.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

09/20

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____