


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 005 ***158.75

DOCUMENT # V70375	
1. Entity Name INTERCOMP PROFESSIONAL SERVICES, INC.	

Principal Place of Business C/O SUELI CORREA 290 174TH STREET SUITE 2404 SUNNY ISLES BEACH, FL 33160 US	Mailing Address C/O SUELI CORREA 290 174TH STREET SUITE 2404 SUNNY ISLES BEACH, FL 33160 US
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90001166



2. Principal Place of Business - No P.O. Box # C/O SUELI CORREA	3. Mailing Address 17375 COLLINS AVE #1702
Suite, Apt. #, etc. 17375 COLLINS AVE #1702	Suite, Apt. #, etc.
City & State SUNNY ISLES BCH, FL	City & State
Zip 33160	Country USA

01282007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0359309	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CORREA, SUELI 290 174TH ST. APT. 2404 SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17375 COLLINS AVENUE STE 1702 City SUNNY ISLES BEACH FL Zip Code 33160
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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 *S. Correa* DATE 1/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PVP CORREA, SUELI 290-174TH ST., STE. 2404 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CORREA, SUELI 17375 COLLINS AVE #1702 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *S. Correa* DATE 1/28/07 305-527-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR