


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 018 ****55.00

DOCUMENT # L01000013914

1. Entity Name
INTERNATIONAL FOUNDATION OF SCIENCE & EDUCATION, LLC



14020000

Principal Place of Business
22615 S.W. 66 AVE. SUITE 304 BOCA RATON, FL 33428

Mailing Address
P.O. BOX 970399 BOCA RATON, FL 33428

2. Principal Place of Business
141 NW 20 STREET

3. Mailing Address
141 NW 20 STREET

Suite, Apt. #, etc.
G-107

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country
U.S.

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1136711

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GURIN, SERGEY 22615 S.W. 66 AVENUE SUITE 304 BOCA RATON, FL 33428	Name IPLS
	Street Address (P.O. Box Number is Not Acceptable) 20950-3 VIA AZALEA DRIVE
	City BOCA RATON FL Zip Code 33428

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 **SERGEY V GURIN** *Sergey V Gurin* **7-4-2004**

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

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	GURIN, SERGEY V <input type="checkbox"/> Delete	TITLE MGRM	GURIN, SERGEY V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 GLADES ROAD, 280	BOCA RATON, FL 33431	STREET ADDRESS 20950-3 VIA AZALEA DRIVE	BOCA RATON, FL 33428
CITY-ST-ZIP BOCA RATON, FL 33431		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE MGRM	DIMITROV, VALENTIN I <input type="checkbox"/> Delete	TITLE MGRM	SAKHAROV, DENIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8 BIELO POLE	SOFIA, BULGARIA,	STREET ADDRESS 4821 NW 4 AVENUE	POMPANO BEACH, FL 33064
CITY-ST-ZIP SOFIA, BULGARIA,		CITY-ST-ZIP POMPANO BEACH, FL 33064	
TITLE MGR	FINLEY, CHANDLER R <input type="checkbox"/> Delete	TITLE MGR	NADAL, LYNETTE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 710 WASHINGTON AVENUE, 5	MIAMI BEACH, FL 33139	STREET ADDRESS 3510 EMBASSY DRIVE	WEST PALM BEACH, FL 33401
CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP WEST PALM BEACH, FL 33401	
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 	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: *Sergey V Gurin* **7-4-2004 (561) 901-9180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #