2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90059 047 ****70.00

DOCUMENT # N02000009194

1. Entity Name
IAKSA U.S.A. INC.

Principal Place of Business	Mailing Address
4300 CLARCONA OCOEE RD.: STE. 302 ORLANDO FL 32810	4300 CLARCONA OCOEE RD.: STE. 302 ORLANDO FL 32810

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1373 CRAWFORD DR Suite, Apt. #, etc.	1373 CRAWFORD DR Suite, Apt. #, etc.
City & State: APOPKA FL	City & State: APOPKA FL
Zip: ~~EE~~32703 Country: ~~3~~USA	Zip: 32703 Country: USA

4. FEI Number: 82-0514553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRKLAND, CYNTHIA J 219 BENNETT STREET WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 obligation[illegible]istered agent.

SIGNATURE _____ DATE
of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, CALVIN 4300 CLARCONA OCOEE RD.; STE. 302 ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, CALVIN 1373 Crawford Dr. Apopka FL 32703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROFFEY, DAWN J 1580 WOODFIELD OAKS DR. APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROFFEY, DAWN J 1580 WOODFIELD OAKS Dr. APOPKA FL 32703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MICHAEL 4300 CLARCONA OCOEE RD. STE. 302 ORLADNO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 SMITH, MICHAEL A 1208 FOXRIDGE PLACE Melbourne, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 617, 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 REQUIRED~~ Dawned Roffey Director 3/12/03 407-2998871