

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 002 \*\*\*150.00



**DOCUMENT # P06000016239**

1. Entity Name  
**I F M INC.**

Principal Place of Business      Mailing Address  
 1439 CAPRI LANE #5711      1439 CAPRI LANE #5711  
 WESTON, FL 33326      WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1833 SW 149th Ave**      **1833 SW 149th Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miramar FL**      **Miramar FL**  
 Zip      Country      Zip      Country  
**33027**      **U.S.A.**      **33027**      **U.S.A.**

6. Name and Address of Current Registered Agent  
**MEHU, FABIENNE**  
**1439 CAPRI LANE #5711**  
**WESTON, FL 33326**

**40131001**

08302007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**562-55-8041**      Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**Mehu Fabienne**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1833 SW 149th Avenue**  
 City      State      Zip Code  
**Miramar**      **FL**      **33027**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MEHU, MONDESIR	
STREET ADDRESS 1439 CAPRI LANE #5711	
CITY-ST-ZIP WESTON, FL 33326	
TITLE VS	<input checked="" type="checkbox"/> Delete
NAME MEHU, FABIENNE	
STREET ADDRESS 1439 CAPRI LANE #5711	
CITY-ST-ZIP WESTON, FL 33326	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME Mehu Mondesir	
STREET ADDRESS 1833 SW 149th Ave	
CITY-ST-ZIP Miramar, FL 33027	
TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME Mehu Fabienne	
STREET ADDRESS 1833 SW 149th Ave	
CITY-ST-ZIP Miramar, FL 33027	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_