## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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1. Entity Name \*
INTERNATIONAL PUBLISHING COMPANY OF AMERICA,
INC.



Principal Place of Business

664 LAVILLA DR MIAMI SPRINGS, FL 33166 US Mailing Address

665 LA VILLA DR MIAMI SPRINGS, FL 33166



DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1159442

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MORTON, ALEXANDER C 664 LAVILLA DR MAIMI SPRINGS, FL 33166

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent	ourpose of changing its registere	d office or i	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature typed or printed name of registered agent and little	d applicable (NOTE Registered	Agent signature	equired when reinstatings	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CHY ST-ZIP	PD MORTON,ALEXANDER C 665 LA VILLA DRIVE MIAMI SPRINGS, FL		/^^^^^^\\\ ?s \\\\\+\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
TITLE NAME STREET ADDRESS GITY-ST-ZIP					ge me n4-30170-025 150.00	
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY - ST - ZIP		IN	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-2IP						

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 thustee employered 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. John all other like employered

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

4/29/04 (407)566-1700