

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90021 014 \*\*\*150.00

**DOCUMENT # 380734**

1. Entity Name

INTERNATIONAL PREFERRED ENTERPRISES INC.



Principal Place of Business

20 SW 27TH AVE, 3RD FL  
POMPANO BCH FL 33069  
US

Mailing Address

20 SW 27TH AVE, 3RD FL  
POMPANO BCH FL 33069  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1369503

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

LIEURANCE, MARY A  
300 E CHURCH ST  
APT 1404  
ORLANDO FL 32801

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
PADULA, JOHN  
3233 NE 34TH ST, #1512A  
FT LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SOLDINI, JOHN  
51 VAN BRUNT ST  
STATEN ISL NY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SOLDINI, DONALD B  
544 VIA VERONA  
DEERFIELD BEACH FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
NIEVES, NIETO  
4330 SW 24TH ST  
FORT LAUDERDALE FL 33317

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John Padula*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 (954) 973-6660  
Date Daytime Phone #