

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 506101

1. Entity Name

IVORY INTERNATIONAL, INC.



Principal Place of Business
15400 N.W. 34TH AVENUE
MIAMI FL 33054-2460

Mailing Address
15400 N.W. 34TH AVENUE
MIAMI FL 33054-2460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1679855

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

LESTER, PAUL, ESQ.
201 ALHAMBRA CIRCLE
STE 601
CORAL GABLES FL 33134

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, 2005 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 D ☐ Delete
NAME LODGE, ROBERT J
STREET ADDRESS 15400 N.W. 34TH AVE.
CITY - ST - ZIP MIAMI FL 33054

TITLE D ☐ Delete
NAME LODGE, JOSEPH I.J.
STREET ADDRESS 4000 TOWERSIDE TERR APT 1911
CITY - ST - ZIP MIAMI SHORES FL 33138

TITLE AS ☐ Delete
NAME HOPPER, WILBUR W
STREET ADDRESS 12268 NW 48TH DR
CITY - ST - ZIP CORAL SPRINGS FL 33076

TITLE P ☐ Delete
NAME LIPSON, SANDY
STREET ADDRESS 15400 NW 34TH AVE
CITY - ST - ZIP MIAMI FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000227211
CITY - ST - ZIP 02/12/05-80046-015 150.00

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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 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: *[Signature]* ASST SEC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

305-687-2244

Date

Daytime Phone #