

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001614

1. Entity Name
INTERNATIONAL INVESTIGATIVE GROUP, LTD., INC.



Principal Place of Business
2255 GLADES RD SUITE 324-A
BOCA RATON, FL 33431

Mailing Address
2901 LONG BEACH ROAD, SUITE 5
OCEANSIDE, NY 11572



DO NOT WRITE IN THIS SPACE

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3768447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIBACOFF, DANIEL D
6215 OLD COURT ROAD
#501
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	RIBACOFF, DANIEL D
STREET ADDRESS	6215 OLD COURT ROAD # 501
CITY- ST- ZIP	BOCA RATON, FL 33433

TITLE	
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03/27/07-80034-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 800 766 2779
Date Daytime Phone #