

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90125 008 ***150.00

DOCUMENT # F07771

1. Entity Name
INTERNATIONAL PROJECTOR CO., INC.



Principal Place of Business
**100 NE 39TH STREET
MIAMI, FL 33137 US**

Mailing Address
**100 NE 39TH STREET
MIAMI, FL 33137 US**

60061769



2. Principal Place of Business
5600 NW 32 AVE
Suite, Apt. #, etc.

3. Mailing Address
5600 NW 32 AVE
Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State
Miami, FL
Zip
33142 Country

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Miami, FL
Zip
33142 Country

4. FEI Number
65-0510567 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSHALL, PASTERNAK R
2500 FIRST UNION FINANCE CENTER
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **P KRAMS, STEVEN** ☐ Delete
STREET ADDRESS **3600 CURTIS LANE**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE
NAME **VP KAUFMAN, BARNEY.** ☐ Delete
STREET ADDRESS **100 EN 39TH STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **5600 NW 32 AVE.** ☒ Change ☐ Addition
STREET ADDRESS **Miami, FL. 33142**
CITY-ST-ZIP

TITLE
NAME **5600 NW 32 AVE.** ☒ Change ☐ Addition
STREET ADDRESS **Miami, FL 33142**
CITY-ST-ZIP

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Krams x 3/23/2006 (305) 573-7339

Date

Daytime Phone #