

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000483

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: INVESTMENT RETRIEVERS INC

**Current Principal Place of Business:**

4511 GOLDEN FOOTHILL PARKWAY  
EL DORADO HILLS, CA 95762

**New Principal Place of Business:**

**Current Mailing Address:**

4511 GOLDEN FOOTHILL PARKWAY  
EL DORADO HILLS, CA 95762

**New Mailing Address:**

FEI Number: 68-0482885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: COHEN, JOEL  
Address: 4511 GOLDEN FOOTHILL PARKWAY  
City-St-Zip: EL DORADO HILLS, CA 95762

Title: VCS ( ) Delete  
Name: CEMO, SAMMY  
Address: 4511 GOLDEN FOOTHILL PARKWAY  
City-St-Zip: EL DORADO HILLS, CA 95762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL COHEN

CP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date