## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F09876

INTERNATIONAL ACCOUNTING ASSOCIATIES, INC.



**FILED** May 02, 2007 08:00 A Secretary of State

Principal Place of Business

8890 CORAL WAY #219 C/O RENE TORRES MIAMI, FL 33165

Mailing Address

8890 CORAL WAY #219 C/O RENE TORRES MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

No Chg-P CR2E034 (11/05) 04302007 Applied For 4. FEI Number 59-2048366 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired 

Fee Required

6. Name and Address of Current Registered Agent

TORRES RENE

SIGNATURE:

D4-30-07

Daylime Phone #

8890 CORAL WAY #219 MIAMI, FL 33165				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	tered office	or i	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	t applicable (NOTE: Regist	tered Agent sig	palur	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, RENE 1546 S.W. 136TH PL MIAMI, FL 33184		ş			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, CONSUELO 1546 SW 136 PL MIAMI, FL 33184				• .`	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F - 1 - 2					000000756\$70 05/23/07-90035-019 150.00
TITLE NAME: STREET ADDRESS CITY-ST-ZIP				;		
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an accress, with of	ling does not qualify for the and accurate and that my sig to execute this report as red other like empowered.	exemption nature sha quired by (	s co II ha Char	ntained in Chapter 11 ve the same legal effe ster 607, Florida Statu	19, Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if