

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 021 ***150.00

DOCUMENT # F64228

1. Entity Name
INVESTMENT FUNDING CORP.



Principal Place of Business
**10920 SW 62ND AVE.
 MIAMI, FL 33156**

Mailing Address
**10920 SW 62ND AVE.
 MIAMI, FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03282006 Chg-P CR2E034 (11/05)

4. FEI Number
~~65-0030400~~ **04-3841684** 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

**BURTON, HARVEY
 10920 S.W. 62ND AVE.
 MIAMI, FL 33156**

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURTON, HARVEY 10920 SW 62ND AVE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harvey Burton* **HARVEY BURTON** **3-28-06** **305 665-9960**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**Department of the Treasury
Internal Revenue Service**

Attachment F64228

Date: 3/28/2006

**Taxpayer Identification Number
04-3841684**

To NAME INVESTMENT FUNDING CORP

40042644

ADDRESS 10920 SW 62ND AVE
MIAMI, FL 33156-4025 209

PHONE NO

FAX NO 305-661-2850

FROM NAME MRS. HUMMOND
IRS Covington KY 41011
PHONE NO 800-829-4933
FAX NO 859-669-3387

We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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