## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # G27744

1. Entity Name

INTERNATIONAL RESEARCH AND DEVELOPMENT EXPORTING MANAGEMENT, INC.



**FILED** Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90019 007 \*\*\*150.00

Principal Place of Business Mailing Address									
2469 OLD D	IXIE HWY	2469 OLD DIX	- 2469 OLD DIXIE HWY			HARTER STREET			
KISSIMMEE FL 34744		KISSIMMEE F	KISSIMMEE FL 34744			7-34			
						(CA) IANI BIAN BIAN BIAN BIBN BIBN AN	HR OHEN BUUK EKST	1881    LESI	
2. Principal P	lace of Business	3. Mailing Addre	988						
a. I morpair	1400 01 040/11000	auga N	2469 N. Dixie Hwy						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
						- Oneco-	(11/00)		
City & State	е	City & State	City & State			-T APPLICABLE		plied For	
					NO			t Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired				
	6 Nome and Address	on of Current Pagistered Agent	Registered Agent		7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent Name									
GΔF	RCIA, CARLOS A.	والمراجع والمستعملين والرام ويجمعه							
260	O REEF COURT		Street Address			(P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32805					······································			
							,		
						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									
	tions of registered agent.	o diatornami ian and parposo or an	anging to regiote.	oo omoo o rogida	sida ugum, ar udam, ar are	State of Florida: Farm		3.12 2000px	
SIGNATURE .	Signature, typed or printed name of	of registered agent and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating)	DATE			
	WE NOW!!! EEE IC	¢4E0.00						-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					<b>I</b>	ampaign Financing		O May Be	
	k Payable to Florida De				Trust Fund	Contribution.	l Added	to Fees	
10.	OF	FICERS AND DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE	PD		Delete TITL	.E		•	Change	Addition	
NAME	GARCIA, CARLOS		NAN	AE					
STREET ADDRESS	2600 REEF COURT		STR	EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		CITY	(-ST-ZIP					
TITLE	STD	· 🔲 [	Delete TITL	.E.			☐ Change	☐ Addition	
NAME	EDWARDS, LESLIE		NAM	1					
STREET ADDRESS	2469 N. DIXIE HWY			EET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL			(-ST-ZIP			_		
TITLE	-	- D	Oclete TITI				☐ Change	☐ Addition	
NAME STREET ADDRESS			MAN et 2	AE EET ADDRESS				į	
CITY-ST-ZIP		•	• •	Y-ST-ZIP	·				
TITLE	<u> </u>		Delete TITU				Change	☐ Addition	
NAME		U.	NAM NAM	ŧ			orange		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE			Delete TITI	.E			☐ Change	☐ Addition	
NAME			NAN	ME					
STREET ADDRESS			STF	EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP			-	1945 E 1	
TITLE			Delete TITI	E			☐ Change	Addition	
NAME -			NA	i		•		}	
STREET ADDRESS				EET ADDRESS					
				Y-ST-ZIP		·		:	
12 Lhereby	certify that the information	n supplied with this filing does no	t qualify for the ex-	emotion stated in 9	Section 119.07(3)(i) Florid	ia Statutes. I further cert	ify that the in	nformation	

receipt gratine information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

407846.6532