## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 08:00 AM Secretary of State

	ANNUAL REPORT			os objects
DOCU	MENT # H55676	A STATE OF THE STA	Secreta	ary of State
I. Entity Name     IMMIGRATION INTERNATIONAL CONSULTANTS, INC.				
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Principal Plac	ce of Business Mailing Address			
1313 N PIN ORLANDO, F		ı		
OHE GREEN, I	. SALANDO, 1E 32808			
		Manage de la companione la		
			01112005 No Chg-P	CD2E024 (40/02)
	OO NOT WRITE IN THIS S	PACE		CR2E034 (10/03)
			4. FEI Number 59-2606438	Applied For Not Applicat
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent	COLUMN CO		
	IUY, LE THI		DO NOT W	
	INE HILLS RD O, FL 32808		նալանականն նունակներ՝ թի հիննի չի չի չի մին (ի	
	,		IN THIS SP	ACE
8. The above	e named entity submits this statement for the purpose of changing its	registered office or registere	d agent, or both, in the State of Flo	rida. 1 am familiar with, and accep
the obliga	itlons of registered agent.			
the obliga	tilons of registered agent.			
the obliga	itlons of registered agent.	: Registered Agent signature required w		DATE
the obliga	itlons of registered agent.	: Registered Agent signature required with the state of t		
SIGNATURE.  FIL  After M	Squalure, typed or printed name of registered agent and title if applicable.  (NOTE  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS	: Registered Agent signature required with the state of t	men re-nstating)	
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SIGNATURE.  FIL After M  10.  ITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and title if applicable. (NOTE  LE NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  D  BACH-THUY, LETHI  1313 N. PINE HILLS RD.	: Registered Agent signature required with the state of t	men re-nstating)	
SIGNATURE.  FIL After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and title if applicable. (NOTE  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  D  BACH-THUY, LETHI	: Registered Agent signature required with the state of t	men re-nstating)	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

05-28-05

1107-29-1818 Daytime Phone #