

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H55676

1. Entity Name  
IMMIGRATION INTERNATIONAL CONSULTANTS, INC.



Principal Place of Business  
1313 N PINE HILLS RD  
ORLANDO, FL 32808

Mailing Address  
1313 N PINE HILLS RD  
ORLANDO, FL 32808

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**



07022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2606438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BACH-THUY, LE THI  
1313 N PINE HILLS RD  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BACH-THUY, LETHI
STREET ADDRESS	1313 N. PINE HILLS RD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000953642  
07/07/08-80008-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lethi Bach-Thuy* LETHI BACH-THUY 07-07-08 407-291-1818