


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # H73424

1. Entity Name  
 I & S MANAGEMENT, INC.



Principal Place of Business      Mailing Address

2880 W. OAKLAND PARK BLVD.      2880 W. OAKLAND PARK BLVD.  
 #118      #118  
 FT LAUDERDALE, FL 33311      FT LAUDERDALE, FL 33311



01232007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2583119	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

<sup>H</sup>  
 SCHOCKER, SUSANNA  
 2880 W OAKLAND PARK BLVD STE 118  
 FORT LAUDERDALE, FL 33311

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000661216  
 03/20/07-80030-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMOCKER, SUSANNA 2880 W. OAKLAND PARK BLVD. SUITE 118 FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Susanna Schocker, Pres.      3/07/07      974-485-324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #