


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # K16465	
1. Entity Name IEF, INC.	

Principal Place of Business 12701 SW 13TH ST F105 PEMBROKE PINES, FL 33027 US	Mailing Address 127-01 SW 13TH ST F105 PEMBROKE PINES, FL 33027 US
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02212005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent FELDMAN, ISIDORE G 127-01 S.W. 13 ST. F105 PEMBROKE PINES, FL 33027

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)

U00000241116

02/24/05 00000024 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, ISIDORE E. 127-01 S.W. 13 ST. F105 PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, EDITH 127-01 S.W. 13 ST. F105 PEMBROKE PINES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Isidore Feldman 02/21/05 Isidore Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #