## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 16, 2007 8:00 am **Secretary of State**

07-16-2007 90127 006 \*\*\*150.00

OCUMENT # K71234 Entity Name IIG BARGAIN WORLD, INC.	

1. В 600 W 100 dares. Principal Place of Business Mailing Address 7582 W. SAND LAKE RD 7582 W. SAND LAKE RD ORLANDO, FL 32819 6454 INTERNATIONAL DR ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7582 W. Sans Lake RS Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Orlanzo, PL 59-2936509 Not Applicable Zip Country \$8.75 Additional 2819 5. Certificate of Status Desired SAFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAALI: BASSEL Street Address (P.O. Box Number is Not Acceptable) 7582 W. SAND LAKE ROAD ORLANDO, FL 32819 Zip Code FI 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE Delete TITLE Addition MAALI, BASSEL NAME NAME STREET ADDRESS 7582 W. SAND LAKE ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Delete TITLE DP MAALI, BASSEL NAME NAME STREET ADDRESS 12633 WESTFIELD ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP DVP TITLE Delete TITLE ☐ Change ☐ Addition KHANANI, OWAIS NAME NAME STREET ADDRESS 6276 INDIAN MEADOW ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 of ustee 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 address, with all other like empowered

SIGNATURE:

SIGNATURE AND OPED OR PRINTED