


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011081 1. Entity Name INTERNATIONAL DEVELOPMENT & FINANCIAL, LLC	
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Principal Place of Business 14545 J MILITARY TRAIL, #167 DELRAY BEACH, FL 33484	Mailing Address 14545 J MILITARY TRAIL, #167 DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3632332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAPADOYIANIS, ERNEST
2234 N. FEDERAL HIGHWAY, SUITE 372
BOCA RATON, FL 33431**

**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 _____

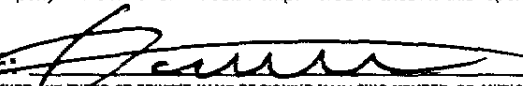
**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERCH, XAVIER T 14545 J MILITARY TRAIL, #167 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPADOYIANIS, ERNEST 2234 N FEDERAL HWY #372 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

U000000164686
07/08/04-80018-007 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/2/04 ⁵⁶¹ **638-5974**
Date Daytime Phone #