

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90012 018 \*\*\*\*55.00

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<b>DOCUMENT # L01000013914</b> 1. Entity Name <b>INTERNATIONAL FOUNDATION OF SCIENCE &amp; EDUCATION, LLC</b>			
Principal Place of Business <b>22615 S.W. 66 AVE. SUITE 304 BOCA RATON, FL 33428</b>		Mailing Address <b>P.O. BOX 970399 BOCA RATON, FL 33428</b>	
2. Principal Place of Business <b>141 NW 20 STREET</b> Suite, Apt. #, etc. <b>G-107</b> City & State <b>BOCA RATON, FL</b>		3. Mailing Address <b>141 NW 20 STREET</b> Suite, Apt. #, etc. <b>G-107</b> City & State <b>BOCA RATON, FL</b>	
Zip <b>33431</b> Country <b>U.S.</b>		Zip <b>33431</b> Country <b>U.S.</b>	
4. FEI Number <b>65-1136711</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GURIN, SERGEY 22615 S.W. 66 AVENUE SUITE 304 BOCA RATON, FL 33428</b>		7. Name and Address of New Registered Agent Name <b>IFLS</b> Street Address (P.O. Box Number is Not Acceptable) <b>20950-3 VIA AZALEA DRIVE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>	
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 <b>SERGEY V GURIN</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GURIN, SERGEY V 1900 GLADES ROAD, 280 BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURIN, SERGEY V 20950-3 VIA AZALEA DRIVE BOCA RATON, FL 33428 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIMITROV, VALENTIN I 8 BIELO POLE SOFIA, BULGARIA, <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKHAROV, DENIS 4821 NW 4 AVENUE POMPANO BEACH, FL 33064 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLEY, CHANDLER R 710 WASHINGTON AVENUE, 5 MIAMI BEACH, FL 33139 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADAL, LYNETTE 3510 EMBASSY DRIVE WEST PALM BEACH, FL 33401 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 60B, Florida Statutes.			
SIGNATURE:		Date <b>7-4-2004</b> (561) 901-9180	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	