2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

74171								
DOCUMENT	# L80489	•			į-	~11 mm		
1. Entity Name		ja sagar				FILED		
IRBF, INC.		•			OR MAR	31 AH II: 20	n	
			1		OUTIAN	JI BOJI Z	J	
Principal Place of Business Mailing Address					obline to	ART OF STATE	F	
16251 N. CLEVELAND AVE.		16251 N. CLEVELAND AVE.			TALLAHA	SSEE, FLORID	ĬΛ	
STE 7		STE 7			•	TOOLE, FLORID	, .	
N. FT. MYERS, FL: 33903 US N. FT. MYERS, FL 3390		03 US		O I I I I I O O O O O O O O O O O O O O	AKEN ENEN ENEN ENEN ENEN ENEN ENEN	T))981 1 111		
2. Principal Place of Business - No P.O. Box # 3. Mailir		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		00000000	Cha B	CD2E024 (42(06)		
				03262008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb			pplied For	
Zip Country		Zip Country		65-020	12009	□ \$8.75 Ad	ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	Fee Require		
6. Nam	e and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
				Name				
CAMPBELL, JOSEI			Street Ad	idress (P.O. Box Numb	er is Not Acceptable))		
16251 N. CLEVELAND AVE. STE 7			TERM FATE A	•				
N. FT. MYERS, FL 33903			(A) (A) (A)	(成数 数) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
·			City.	DP List		FL Zip Cod	de	
9. The above named ent	ity cubmits this statement for	or the purpose of changing its	registered office or	registered agent, or bo	oth in the State of Flor	<u> </u>	n and accept	
the obligations of regis		or the purpose of changing its	registeres office of	registered agent, or be	yan, an and didical or rich	Table Fall Communication	., a.i.a 2000 p.	
SIGNATURE Signature, type	d or printed name of registered agent	and title it applicable. (NOT	E: Registered Agent signatu	re required when reinstating)		DATE		
E - 21.297.7						· · · · · · · · · · · · · · · · · · ·		
Amended A	.R is \$61.25	9. Election Campa		\$5.00 May Be Added to Fees				
Allended A	IN 15 40 1.23	Trust Fund Con	thoution	Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE D		☐ Delete	TITLE	HAbuda, T	Beadley	△ Change	Addition	
NAME CAMPBELL, JOSEPH F.		·r •	NAME STREET ADDRESS	16251 N.C	levelond Av	E Suite7	,	
STREET ADDRESS 16251 N. CLEVELAND AVE., STE 7		E /	CITY-ST-ZIP	N. FT M.		3390		
	TENO, TE	☐ Delete	TITLE	10. 1. 17.0	Jers P C	☐ Change		
	Y, SHERYL L.	L. Delete	NAME	41	001227		_	
STREET ADDRESS 16251 N. CLEVELAND AVE., STE 7		Έ 7	STREET ADDRESS		9/0801044-	'61724 014 **61.	25	
CITY-ST-ZIP N. FT. MYERS, FL		CITY-ST-ZIP	J ., J					
TITLE"		☐ Delete	TITLE		-	Change	Addition	
NAME	1		NAME					
STREET ADDRESS CITY-ST-ZIP	1-12/21		STREET ADDRESS CITY-ST-ZIP					
	(1 ') / 	D Delete	TITLE			Change	Addition	
TITLE NAME	γ ,	☐ Delete	NAME			E ourigo		
STREET ADDRESS	τ		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME CAREET ARRESTOR					
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS		!	•		
	·	☐ Delete	TITLE	<u> </u>	•	. Change	☐ Addition	
NAME		. Li Deiele	NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Change		
1 · · · · · · · · · · · · · · · · · · ·					-	1	•	
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
CiTY-ST-ZIP	the information supplied wit	h this filing does not qualify	CITY-ST-ZIP	ontained in Chapter 11	19, Florida Statutes. I	further certify that the	information	
12. I hereby certify that indicated on this report of the corporation or	ort or supplemental report the receiver or trustee emp	is true and accurate and that powered to execute this repor	CITY-ST-ZIP for the exemptions of my signature shall he t as required by Cha	ave the same legal ette	act as it made undet d	oain' inai Lam an Onici	er or onector	
12. I hereby certify that indicated on this report of the corporation or	ort or supplemental report the receiver or trustee emp	e true and accurate and that	CITY-ST-ZIP for the exemptions of my signature shall he t as required by Cha	ave the same legal effe opter 607, Florida Statu	ect as it made under d tes; and that my name	e appears in Block 10	or Block 11 if	
In the state of the corporation or changed, or on an a	ort or supplemental report the receiver or trustee emp	is true and accurate and that powered to execute this repor	CITY-ST-ZIP for the exemptions of my signature shall he t as required by Cha	ave the same legal ette	ect as it made under d tes; and that my name	oain' inai Lam an Onici	or Block 11 if	
12. I hereby certify that indicated on this report of the corporation or	ort or supplemental report the receiver or trustee emp ttachment with an address,	is true and accurate and that powered to execute this repor	CITY-ST-ZIP for the exemptions c my signature shall h t as required by Cha d.	ave the same legal effe opter 607, Florida Statu	ect as it made under d tes; and that my name	e appears in Block 10	or Block 11 if	