## 2007 FOR PROFIT CORPORATION

## Apr 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-05-2007 90138 017 \*\*\*150.00 DOCUMENT # M54680 1. Entity Name I.P.D. INVESTMENTS, INC. Principal Place of Business Mailing Address 3200 NW 77TH COURT **3200 NW 77TH COURT** MIAMI, FL 33122 US MIAMI, FL 33122 US No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0017509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHIGIEL, LEON DO NOT WRITE 3200 NW 77 COURT MIAMI, FL 33122 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ΡÑ TITLE SCHIGIEL, LEON NAME 3200 NW 77 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE ---IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED