## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # M54680 Sep 03, 2008 08:00 AM Secretary of State 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 respondence in the program of the first of the second of the contract of the second of 08262008 No Chg-P CR2E034 (11/05) 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 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent a greature required when reinstating) 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 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 white spaces in the sy-10. OFFICERS AND DIRECTORS En envenier esterante, el enclarge facility espélie TITLE SCHIGIEL, LEON NAME STREET ADDRESS 3200 NW 77 CT CITY-ST-ZIP MIAMI, FL 33122 காள்கள்ள சி.முக்கள் தொகுர் நிறுத் பதாத நகருக்கு நிறுந NAME taan mengah di dan mengan mengan mengan pengan STREET ADDRESS amenda nagi ila da ise ing nagi na nggalar ng nagintal ar ni nagintal ng CITY-ST-ZIP nde den einigen ges de derhaat op die den byske en de de de deer de sgr TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP was to the contract of the con TITLE NAME manint to the second control of the STREET ADDRESS

12. Thereby 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 against, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/08

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