


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000311</b> 1. Entity Name IFA, INC.	
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Principal Place of Business 7820 N. CLARK AVE TAMPA, FL 33614	Mailing Address 7820 N. CLARK AVE TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3690687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
TORRES, ORLANDO  
7820 N. CLARK AVE  
TAMPA, FL 33614

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000153866 05/12/04-80003-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, ORLANDO 7820 N. CLARK AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYES, PETER 6403 N. CAMERON TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, MANURL 7018 N. THATCHER ST. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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 617, 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: *Orlando Torres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #