


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State


DOCUMENT # P0000011312

1. Entity Name
INTERNATIONAL IMPORTERS, INC.



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| Principal Place of Business 2019 SW 20TH STREET SUITE 109 FT. LAUDERDALE, FL 33315 | Mailing Address 2019 SW 20TH STREET SUITE 109 FT. LAUDERDALE, FL 33315 |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 65-0978332 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KREMER, WILLIAM
2255 GLADES ROAD, SUITE 411
BOCA RATON, FL 33431

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PASSEN, SELVIN M.D. 2001 SW 20TH STREET STE 102 FORT LAUDERDALE, FL 33315 |
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02/14/08-80020-007 150.00

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12. I hereby certify that the information supplied with this filing 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: Selvin Passen M.D. 1/30/08 954-713-0341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #