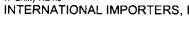
2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P00000011312** INTERNATIONAL IMPORTERS, INC.

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



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



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01072008

4. FEI Number		Applied For
65-0978332		Not Applicable
5. Certificate of Status Desired	\$8.7 Fee R	 Additional iired

6. Name and Address of Current Registered Agent

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

DO NOT WRITE

			IN	THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registered agent, or	both, in the State of Florida I am familiar with, and accept		
SIGNATURE.	Signature, typod or printed name of registered agent and title	fapplicable, (NOTE; Ragistere	d Agent signature required when reinstating	DATE ,		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASSEN, SELVIN M.D. 2001 SW 20TH STREET STE 102 FORT LAUDERDALE, FL 33315					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE, FL 35313			U00000815716 02/14/08-80020-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M. St.	Arks.			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Hurther 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.

LUCLE TO SELL M.O.

ATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR