

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058807

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: INTERNATIONAL BUY FOR LESS INC

**Current Principal Place of Business:**

6063 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

6063 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747

**New Mailing Address:**

FEI Number: 59-2972635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHALID, ANSARI  
7410 MEGAN ELISSA LN.  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANSARI, KHALID  
Address: 7410 MEGAN ELISSA LN  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: TASNEEM, ANSARI  
Address: 7410 MEGAN ELISA LANE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANSARI KHALID

P

03/31/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date