

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 005 ***150.00

DOCUMENT # P00000101919

1. Entity Name
I & A EAGLE, INC.



Principal Place of Business
**6365 TAFT STREET
3006
HOLLYWOOD, FL 33024**

Mailing Address
**6365 TAFT STREET
3006
HOLLYWOOD, FL 33024**

40047182



2. Principal Place of Business - No P.O. Box #
10620 Griffin Road

3. Mailing Address
10620 Griffin Rd

Suite, Apt. #, etc.
B-208

Suite, Apt. #, etc.
B-208

03122008 Chg-P CR2E034 (12/06)

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
65-1060843

Applied For
Not Applicable

Zip Country
33328 US

Zip Country
33328 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JANGHBAHADOOR, ADAISH
6365 TAFT STREET
3006
HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD
NAME JANGHBAHADOOR, ADAISH
STREET ADDRESS 6365 TAFT STREET, SUITE 3006
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Jangbahadoor, Adaisih
STREET ADDRESS 10620 Griffin Rd. # B-208
CITY-ST-ZIP Davie, FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

Date

Daytime Phone #