

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90027 011 \*\*\*150.00

**DOCUMENT # P00000102830**

1. Entity Name  
**INTERNATIONAL FINANCIAL UNION, INC.**



Principal Place of Business  
**600 BRICKELL AVE., STE. 206F  
206F  
MIAMI, FL 33131**

Mailing Address  
**600 BRICKELL AVE., STE. 206F  
206F  
MIAMI, FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102005 Chg-P CR2E034.(10/03)

City & State

City & State

4. FEI Number

**65-1057336**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULPEPPER, CHARLES E JR  
801 BRICKELL BAY DR., LOBBY SUITE 2  
MIAMI, FL 33131**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WINTERMEYER, WERNER**  
STREET ADDRESS **600 BRICKELL AVE., SUITE 206F**  
CITY- ST- ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **PHILIPPI, TILMAN**  
STREET ADDRESS **600 BRICKELL AVE., SUITE 206F**  
CITY- ST- ZIP **MIAMI, FL 33131**

TITLE **VP** ☐ Delete  
NAME **CULPEPPER, CHARLES E JR**  
STREET ADDRESS **600 BRICKELL AVE., SUITE 206F**  
CITY- ST- ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **FRIKMAN, LEON**  
STREET ADDRESS **600 BRICKELL AVE., SUITE 206F**  
CITY- ST- ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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 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

Date

Daytime Phone #

05/14/05