

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107492

Entity Name: I & F OF FLORIDA, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6911 MAYNADA ST  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

6911 MAYNADA ST  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 65-1075778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIVEN, DOV  
6911 MAYNADA ST  
CORAL GABLES, FL 33146 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LIVEN, DOV  
Address: 6911 MAYNADA ST  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR  
Name: KAMPEAS, LIZA  
Address: 19707 NE 36TH CT  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: DOV LIVEN

PSD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date