FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097259

1. Entity Name
I 1 CREDit CORP.
I 1 CREDit CORP.

DO NOT WRITE IN THIS SPACE

FILED
04 JAN -9 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: 10511 SW 88 st
Suite, Apt. #, etc.: C-205
City & State: MiAMi FL
Zip: 33176 Country: USA

3. Mailing Address: 10511 SW 88 st
Suite, Apt. #, etc.: C-205
City & State: MiAMi FL
Zip: 33176 Country: USA

al 1-9-04 DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: KENNETH LA GRAVE
Street Address (P.O. Box Number is Not Acceptable): 10511 SW 88 st SUITE# C-205
City: MiAMi FL Zip Code: 33176

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] KENNETH LAGRAVE PRESIDENT [signature] 1-5-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	KENNETH LA GRAVE	NAME	
STREET ADDRESS	10511 SW 88 st # C-205	STREET ADDRESS	
CITY-ST-ZIP	MiAMi FL 33176	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	500026576535
NAME		NAME	01/09/04--01001--021 **150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	500026576535
NAME		NAME	01/09/04--01001--022 **150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KENNETH LA GRAVE 1-5-04 (305)9924868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/07/04 RETURN MAIL DETAIL SCREEN 8:30 AM
CORP NUMBER: P01000097259 CORP NAME: I1 CREDIT CORP

2003

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0011

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0016

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TALLAHASSEE, FLORIDA

-FOR FILING PURPOSES-
-ONLY-

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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