

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030527

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL FINANCE CONSULTANT CORP.

**Current Principal Place of Business:**

THE CENTRE AT STIRLING AND PALM  
9900 STIRLING ROAD  
FORT LAUDERDALE, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SANDOVAL & ASSOCIATES  
PO BOX 266873  
WESTON, FL 33326

**New Mailing Address:**

C/O SANDOVAL & ASSOCIATES  
PO BOX 266873  
WESTON, FL 33326 US

**FEI Number:** 27-0051455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANDOVAL & ASSOCIATES INC  
4069 HOLLY COURT  
WESTON, FL 33326 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: PDST ( ) Delete  
Name: CANTREVA, ADRIANO  
Address: 11444 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33181

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIANO CANTREVA

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04/29/2006

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

\_\_\_\_\_  
Date