2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037634

1. Entity Name
IACR HOLDING, INC.

Principal Place of Business	Mailing Address
3275 NW 24 STREET RD. MIAMI, FL 33142	3275 NW 24 STREET RD. MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

02192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-2145191	Not Applicable

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

6. Name and Address of Current Registered Agent

GREENFIELD, ALAN E ESQ.
15105 NW 77TH AVE., STE. 303
MIAMI LAKES, FL 33014

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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, 2007 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	LLANES, ALFONSO
STREET ADDRESS	4115 DERBY DR
CITY-ST-ZIP	DAVIE, FL 333304316

TITLE	STD
NAME	MEDEROS, ANTONIO
STREET ADDRESS	3275 NW 24 STREET RD.
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/12/07-80005-007 150.00

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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: *Alfonso Llanes*   2/20/07   3156353060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #