## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

## **FILED** May 02, 2008 08:00 AN Secretary of State DOCUMENT # P03000085910 INTERNATIONAL BURGER, INC. Principal Place of Business Mailing Address 1681 ALGONQUIN TRAIL 1681 ALGONQUIN TRAIL MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILL, JOHN H Street Address (P.O. Box Number is Not Acceptable) 222 W. COMSTOCK AVE., SUITE 101 WINTER PARK FL 32789 City 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 came of registered rigent and tille it emplicable. fNOTE: Registered Agent augmature required when reinstituting FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete 05/29/08-80130-015 150.00 RAJSKY, MIROSLAV NAME NAME 1681 ALGONQUIN TRAIL STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP MAITLAND FL 32751 CITY - ST- ZIP TITLE VTD Delete ☐ Change ☐ Addition NAME RAJSKY, MELISSA STREET ADDRESS 1681 ALGONQUIN TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete nnr Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TIPLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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 live empowered.

Data

Dayting Phone #