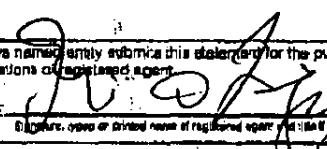
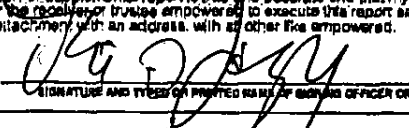


FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90198 002 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000131054			
1. Entity Name I & V HOME IMPROVEMENTS, INC.			
Principal Place of Business 125 CHICAGO WOOD CIRCLE ORLANDO, FL 32824 US		Mailing Address 125 CHICAGO WOOD CIRCLE ORLANDO, FL 32824 US	
2. Principal Place of Business 125 CHICAGO WOOD CIRCLE ORLANDO FL 32824		3. Mailing Address 125 CHICAGO WOOD CIRCLE ORLANDO FL 32824	
4. FEI Number 20-6389895		Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LOPEZ, IVAN 125 CHICAGO WOOD CIRCLE ORLANDO, FL 32824	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, IVAN 125 CHICAGO WOOD CIRCLE ORLANDO, FL 32824	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 incorporator, 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 the empowered.			
SIGNATURE: 		5-11-04	
SIGNATURE AND TYPE OR PRINTED NAME OF AGENT OR DIRECTOR		DATE	

66421738



04282004 Chg-P CR2E034 (10/03)