


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90017 004 \*\*\*150.00

<b>DOCUMENT # P03000134372</b>					
<b>1. Entity Name</b> IOAN ACHIM, INC.					
<b>Principal Place of Business</b> 541 NW 158 LN PEMBROKE PINES, FL 33028			<b>Mailing Address</b> 541 NW 158 LN PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  LUTWAK, SCOTT H 1166 W NEWPORT CENTER DR STE 114 DEERFIELD BEACH, FL 33442			<b>7. Name and Address of New Registered Agent</b> Name <u>IOAN ACHIM</u> Street Address (P.O. Box Number is Not Acceptable) <u>541 NW 158 LANE</u> City <u>PEMBROKE PINES FL</u> Zip Code <u>33028</u>		
<b>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.</b> SIGNATURE <u>X Achim</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/20/04</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACHIM, IOAN 541 NW 158 LN PEMBROKE PINES, FL 33028		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>X Achim</u> <span style="float: right;">DATE <u>2/20/04</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

