2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # P03000134372 1. Entity Name IOAN ACHIM, INC.							04-14-2005 9	0116 037	***150.0	00
541 NW 158 LN 541			ng Address NW 158 LN IBROKE PINES, FL	33028						
Principal Place of Business 3.			. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03312005	Chg-P	CR2E034	(10/03)	
City & State			City & State			4. FEI Number 38-3692				plied For t Applicable
Zip Country		Zip		Country		5. Certificate of	f Status Desired		8.75 Addi e Required	
	6. Name and Address of	Current Register	ed Agent		Name	7. Name and	Address of New R	egistered Ag	ent	
ACHIM, IOAN										
541 NW 158 LANE HOLLYWOOD, FL 33028					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	9
	e named entity submits this stat tions of registered agent.	tement for the purp	oose of changing its	registere	ed office or regis	stered agent, or both	, in the State of Flo	orida. I am far	niliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of regis	tered agent and title if ap	plicable. (NOTE	: Registere	d Agent signature requ	ulred when reinstating)		DATE		
FiL After Ma	E NOW!!! FEE IS \$150 ay 1, 2005 Fee will be	.00 \$550.00	9. Election Campai Trust Fund Cont			\$5.00 May Be Added to Fees				
FiL After Ma	ay 1, 2005 Fee will be	.00 \$550.00 RS AND DIRECTO	Trust Fund Cont			Added to Fees	CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11
After Ma	ay 1, 2005 Fee will be	RS AND DIRECTO	Trust Fund Cont	11. TITLE		Added to Fees	HANGES TO OFF		HRECTORS Change	S IN 11
After Ma 10. TITLE NAME STREET ADDRESS	D ACHIM, IOAN 541 NW 158 LN	RS AND DIRECTO	Trust Fund Conti	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E T ADDRESS -ST-ZIP E	Added to Fees	CHANGES TO OFF	[
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ACHIM, IOAN 541 NW 158 LN	RS AND DIRECTO	Trust Fund Cont	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees	CHANGES TO OFF		_] Change	Addition
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12. Thereby 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.

SIGNATURE:

FOAT ACHIM

SIGNAFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Daytime Phone #