2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P04000040939 May 01, 2006 08:00 AN Secretary of State 1. Entity Name INTERNATIONAL INVESTMENTS & MARKETING OF FLORIDA, INC. Principal Place of Business Mailing Address 3120 CYNTHIA LANE 3120 CYNTHIA LANE NO. 116 NO. 116 LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 20-0783921 Not Applicant Zip Country Country Zip \$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 WANKMULLER, FRED O Street Address (P.O. Box Number is Not Acceptable) 3120 CYNTHIA LANE NO. 116 LAKE WORTH FL 33461 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 accepthe obligations of registered agen **SIGNATURE** (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 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 HILE Delete ☐ Change ☐ Addito NAME WANKMULLER, BARBARA R NAME U00000552224 STREET ADDRESS 3120 CYNTHIA LANE, NO. 116 STREET ADDRESS 05/15/06-80002-024 150.00 CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addiiii NAME GEBHARD, WILMA E NAME STREET ADDRESS 3748-D TERRYWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL. 33436** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME WANKMULLER, FRED O STREET ADDRESS 3120 CYNTHIA LANE, NO. 116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/0C

561-588-4670 Daytrne Phone #