

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90225 028 ***150.00

DOCUMENT # P04000096551

1. Entity Name
IP3 CORPORATION



Principal Place of Business
1600 SAWGRASS CORP PKWY
SUITE 300 230
SUNRISE, FL 33323

Mailing Address
1600 SAWGRASS CORP PKWY
SUITE 300 230
SUNRISE, FL 33323

40090547



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1418867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELFMAN, STEVEN M ESQ
1600 SAWGRASS CORPORATE PKWY 300 230
SUNRISE, FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
DP
EZRATTI, ITZHAK
1600 SAWGRASS CORP PKWY STE 300
SUNRISE, FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1600 Sawgrass Corp Pkwy, Suite 230
Sunrise, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CORBAN, PAUL
1600 SAWGRASS CORP PKWY STE 300
SUNRISE, FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1600 Sawgrass Corp Pkwy, Suite 230
Sunrise, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MODALLEM, JEFFREY S
1600 SAWGRASS CORP. PKWY SUITE 300
SUNRISE, FL 33323 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

954-753-1730
Daytime Phone #