


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 029 ***150.00

DOCUMENT # P04000133656 1. Entity Name INTERNATIONAL FINE GRADE, CORP.			
Principal Place of Business 609 E PALM DR #208 FLORIDA CITY FL 33034		Mailing Address 609 E PALM DR #208 FLORIDA CITY FL 33034	
2. Principal Place of Business 13830 SW 270 ST # D		3. Mailing Address 13830 SW 270 ST	
Suite, Apt. #, etc. # D		Suite, Apt. #, etc. # D	
City & State Homestead FL		City & State Homestead, FL	
Zip 33032		Zip 33032	
Country U.S.A		Country U.S.A	
4. FEI Number 56-2481104		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMAS, CARMEN 609 E PALM DR #208 FLORIDA CITY FL 33034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13830 SW 270 ST # D City Homestead FL Zip Code 33032	
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 <u><i>Carmen (Pre)</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE CARMEN, ARMAS 609 E PALM DR #208 FLORIDA CITY FL 33034	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENGIFO, MARY 2225 S.E. 23 AVENUE HOMESTEAD FL 33035	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR JORGE, CORTEZ 15993 S.W. 303 TERR HOMESTEAD FL 33033	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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 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: <u><i>Carmen</i></u> 4/18/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



1st MOORE CR2E034 (10/05)