

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 009 ***150.00

DOCUMENT # **P05000000 218**

1. Entity Name

INVESTMENT HUNTERS CORP



Principal Place of Business

Mailing Address

**5320 SW 34TH AVENUE
HOLLYWOOD FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2090592

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMAND DAVID
5320 SW 34TH AVENUE
HOLLYWOOD FL 33312**

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

Armand David

Signature of the person who is authorized to change the registered office or registered agent, or both, in the State of Florida.

Signature of the person who is authorized to change the registered office or registered agent, or both, in the State of Florida.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	PRES	☐ Delete
NAME	ARMAND DAVID	
STREET ADDRESS	5320 SW 34TH AVE	
CITY/STATE/ZIP	HOLLYWOOD FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		☐ Delete
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CITY/STATE/ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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CITY/STATE/ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

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 supplement is true and accurate and that I am an officer or director of the corporation or the person empowered to execute this report or supplement, or on an agent's behalf, with all other like information. I shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the person empowered to execute this report or supplement, or on an agent's behalf, with all other like information by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report or supplement.

SIGNATURE

Armand David

PRESIDENT

4-11-06