

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **PO6000018023**

1. Entity Name

INTERNATIONAL ENTERPRISE INC.



**FILED**

**Jan 07, 2008 08:00 AM**

**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

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

**14359 Miramar Parkway**

Suite, Apt #, etc.

**# 148**

3. Mailing Address

**14359 Miramar Parkway**

Suite, Apt #, etc.

**# 148**

CR2E034B (5/07)

City & State  
**Miramar, FL**

City & State  
**Miramar, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**33027**

Country  
**US**

Zip  
**33027**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
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7. Name and Address of Current Registered Agent

Name **REYNALDO RAMIREZ**

Street Address (P.O. Box Number is Not Acceptable)  
**14359 Miramar Parkway**

Suite #148

City  
**Miramar**

FL

Zip Code  
**33027**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**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

TITLE	<b>D</b>
NAME	<b>Reynaldo Ramirez</b>
STREET ADDRESS	<b>14359 Miramar Parkway, Suite #148</b>
CITY - ST - ZIP	<b>Miramar, FL 33027</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**900115332979**  
**01/17/08--01002--001 \*\*300.00**

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Reynaldo Ramirez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/2/2008**

**(786) 623-1333**

Date

Daytime Phone #