02-15-2007 90043 012 ***150.00
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FILED
07 MAY 29 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000038422

1. Entity Name
I A E ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8315 RAOUL AVE. NORTH PORT, FL 34286	8315 RAOUL AVE. NORTH PORT, FL 34286

02072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
13585 Jaeger Ave	13585 Jaeger Ave
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Pt Charlotte, FL	City & State: Pt Charlotte, FL
Zip 33953 Country	Zip 33953 Country

4. FEI Number 20-4530137 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOGDAN, IRINA
8315 RAOUL AVE.
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable) 13585 Jaeger Ave
City Pt Charlotte FL Zip Code 33953

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] Bogdan Irina 2-12-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P,TR BOGDAN, IRINA 8315 RAOUL AVE. NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 13585 Jaeger Ave Pt Charlotte FL 33953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S OLIMPIYUK, ANDREY 8315 RAOUL AVE. NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 13585 Jaeger Ave Pt Charlotte FL 33953
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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] 2-12-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with Book Keeper: Barbara with IAE Services on 5/29/07 jc 5/29