2007 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNOAL REPORT | | | | | FILED | | | |
|---|---|--------------------------------|-------------------------------|--------------|--|---|--|-------------------------------|
| DOCUMENT # P06000040908 1. Entity Name | | | | | | | | |
| | IFE CONSTRUCTION CO | P. | | | 2007 JUN 22 PM 12: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Dringing! Dies | a of Dunings | NA-Way Alla | | | | SECR | ETARY OF STA | T - |
| Principal Place of Business PO BOX 370623 | | Mailing Address PO BOX 370623 | | | | MLLA | ASSEE, FLOR | 1 E |
| MIAMI, FL 33137 US | | MIAMI, FL 33137 US | | | | | 4011 | ιυμ |
| | | | | | | 22 2 2 2 | MI GENII BIGII BANK ISHI BANGI | IE11881 IN 1861 |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| | | 1200 NE 205th TENK | | | | K MBIND MANY MMCCA EMAN MMA | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 06182007 | Chg-P | CR2E034 (12/06) |) |
| City & State | | Hiami, R 33138 | | | 4. FEI Numb | 1323034 | 4 | Applied For lot Applicable |
| Zip | Country | 33/38 | Country U.S.A | | 5. Certificate | of Status Desired | \$8.75 Ac Fee Requir | |
| | 6. Name and Address of Current | Registered Agent | Name | | 7. Name and | Address of New R | legistered Agent | |
| JOSEPH, . | JAMES M | | | | | | | |
| | H STREET | Street A | | Address (I | ess (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL 33127 | | | | | | | | |
| | . 2 | | City | | | | FL Zip Co | de |
| 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 lamiliar with, and accept | | | | | | | | |
| the obligations of registered agent. | | | | | | | | |
| SIGNATURE DIVIL James VOILED (NOTE Registered Agent signature required when remistating) DAY. | | | | | | | | |
| Thorac negativos ngon agranas ovos com ran (cristala y) | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing \$5.0 Trust Fund Contribution. | | | | | | | with s. 607.193(2)(b) not receive the prior | |
| 10. | OFFICERS AND | | 11. | | | CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 11 1 |
| TITLE NAME | P Delete IIIL | | | Me | sident | 1 Solono | Change | Addition |
| STREET ADDRESS | RAPHAEL, HERNS NAME 5 NW 54TH STREET STREE | | | May | 99112 1. | Adelson 4.57 33/38 | | |
| CITY-ST-ZIP | MIAMI, FL 33127 | | | Mi | ami F | 33/38 | 3 | |
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| CITY - ST - ZIP | | | CITY-ST-ZIP | | | | Chongo | ☐ Addition |
| TITLE NAME | | ☐ Defete | TITLE NAME | | ⊝ [| 0 0103 8 1/0701027 | 3200°% | Addition |
| STREET ADDRESS | | | STREET ADDRESS | | U5/ 1 | 170701021 | 7007 **35. | .00 |
| CITY-ST-ZIP | portify that the information | h this filing does set | CITY-ST-ZIP | l | Lin Chanter 111 |) Elorido Cratados 1 | I further contact that if | information - |
| 12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee emptiveled 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 use empowered. | | | | | | | | |
| changed, or on an attachment with an address, with all other like empowered. | | | | | | | | |
| SIGNATURE: Hogalie / Lagalie J. Adelan 6/10/01 954-325-0987 | | | | | | | | |
| SIGNAL | UKE: HOCOLA I | PRINTED NAME OF SIGNING OFFICE | RORDIRECTOR | <i>90 [1</i> | | 6/ July | Daytime Phone • | |
| | | - | | | | / | | |