

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000012332

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL RECOVERY OF INVESTIGATORS, CORP.

**Current Principal Place of Business:**

1340 NW 132 ND TERRACE  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

1340 NW 132 ND TERRACE  
MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 80-0546571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASTIN, JEAN J  
12315 NW 17 PLACE  
MIAMI, FL 33167 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTIN, JEAN J  
Address: 1340 NW 132 ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

Title: VP  
Name: DELPHONSE, DIEUDONNE  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

Title: S  
Name: MIOT, MICHEL P  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

Title: T  
Name: DANIEL, JAMES  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

Title: D  
Name: SATURNE, SAMUEL  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

Title: D  
Name: FILS AIME, WILLER  
Address: 1340 NW 132ND TERRACE  
City-St-Zip: MIAMI, FL 33167 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JEAN CASTIN

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date