## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 21, 2008 8:00 am Secretary of State DOCUMENT # P92000000586 02-21-2008 90017 033 \*\*\*150.00 1. Entity Name I-V CORPORATION OF DAYTONA Principal Place of Business Mailing Address 1347 BEVILLE ROAD 1347 BEVILLE ROADS. DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-3147273 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLEJO, JEAN N Street Address (P.O. Box Number is Not Acceptable) 1347 BEVILLE ROAD DAYTONA BEACH, FL 32119 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE Change ☐ Addition ☐ Delete VALLEJO, JEAN N 1347 BEVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 321199 CITY-ST-ZIP TITLE TITLE Change Addition Delete IRAZABAL, BENITO NAME NAME STREET ADDRESS 1347 BEVILLE ROAD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: \_\_ SAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**