## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 09, 2005 08:00 AM Secretary of State

| DOCL   |   | L NEPUR!  |  |   |   |                                       |  |                               | ~~                |
|--|---|---|--|---|---|---------------------------------------|--|-------------------------------|-------------------|
| DOCUMENT # P93000045958  1. Entity Name ILIGROUP, INC.   |   |   |  |   |   |                                       | ecreta                                     | ary o                         | of Stat           |
| Principal Pia  | ice of Business   | Mailing Address   | اب خت  |   | 1   |                                       |  |                               |                   |
| 1720 HARRISON ST 1720 HARRISON ST  |   |   |  |   |   |                                       |  |                               |                   |
| 7TH FLOOR 7TH FLOOR  |   |   |  | }   |   |                                       |  |                               |                   |
| HOLLYWOO   | D, FL 33020 US  | HOLLYWOOD, FL 33  | 3020 US  | 5   | L (BENEVAL DE                             | Mika erel Nwier aante wa              | = w(+) = (= e+ e+ (f)                      |                               |                   |
| 2 Principal  | Place of Business   | 3. Mailing Address  |  |   |   |                                       |  |                               |                   |
| Z. TAII,O.DZ.  | Table of Dustriess  | 5. Maining Address  |  |   |   | 1181        12     <b>12</b>      14  | <b>                                   </b> |                               | (1881    1881     |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 02212005  | Chg-P                                     | CBoEos                                | 4 (10/03)                                  |                               |                   |
|  |   |   |  |   |   |                                       | UNZEUG                                     |                               |                   |
| City & Sta   | ite   | City & State  |  |   | 4. FEI Number                             |                                       |  |                               | oplied For        |
| Zip  | Country   | Zip   | Count  | irv   | 65-0419                                   |                                       |  |                               | ot Applicable     |
|  |   |   | 1  | .,  | 5. Certificate of                         | f Status Desired                      |  | <b>8.75</b> Add<br>se Require |                   |
|  | 6. Name and Address of Curren   | t Registered Agent  |  |   | 7. Name and                               | Address of New F                      | Registered Ac                              | ent                           |                   |
| CHIIKOHDI EV EBED  |   |   |  | Name  |   |                                       |  |                               |                   |
| CHIKOURLEY, FRED<br>1720 HARRISON ST   |   |   |  | Street Address (P.O. Box Number is Not Acceptable   |   |                                       | e)   |                               |                   |
| 7TH FLOO   | OR  |   |  |   |   |                                       | ·  |                               |                   |
| HOLLYW   | OOD, FL 33020   |   |  |   |   |                                       |  |                               | ŧ                 |
|  |   |   | Ī  | City  |   |                                       | FL   | Zip Cod                       | е                 |
| 8. The above   | e named entity submits this statement   | or the purpose of changing  | its registere  | ed office or registe  | red agent, or both                        | in the State of Flo                   |  | nillar with.                  | and accept        |
| the obliga   | ations of registered agent.   | . ,   |  | •   |   |                                       |  |                               |                   |
| SIGNATURE  |   |   | -  | -   |   |                                       |  |                               |                   |
| *  | Signature, typed or printed name of registered ager   | t and little if applicable. (N  | OTE, Registered  | Agent signature required  | d Witen reinstating)                      | <u> </u>                              | DAȚE                                       |                               |                   |
|  | LE NOW!!! FEE IS \$150.00<br>lay 1, 2005 Fee will be \$550  | 9. Election Cam<br>Trust Fund Co  |  | cing \$5  | .00 May Be<br>led to Fees                 |                                       |  |                               | t.                |
| 10.  | OFFICERS AND  | DIRECTORS   | 11.  |   | ADDITIONS/C                               | HANGES TO OFF                         | ICERS AND D                                | IRECTOR:                      | S IN 11           |
| 112TE  | D   | ☐ Delete  | TITLE  | 1   |   |                                       |  | Change                        | Addition          |
| NAME<br>STREET ADDRESS   | CHIKOVSKY, FRED 1720 HARRISON ST., 7TH FLO  | OD.   | NAME   | 1   |   | LICUTOR                               | 7297317                                    |                               |                   |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33020   | OR  |  | t address<br>SI-ZIP   |   | 1/00000<br>04/11/05                   | -80023-                                    | 013 19                        | 50.00             |
| TITLE  | S   | ☐ Delete  | TITLE  |   |   | 771.                                  |  | 7 Change                      | Addition          |
| NAME   | DIAMOND, CAROLE   |   | NAME   | Į.  |   |                                       | Į.   | cuange                        | ☐ WOOTHOLD        |
| STREET ADORESS   | 1   |   |  | T ADDRESS   |   |                                       |  |                               | - [               |
| CITY ST-ZIP  | HOLLYWOOD, FL 33020   | <del></del>   | CITY-  | SI · ZUP  |   |                                       |  |                               | _                 |
| TITLE  |   | ☐ Defete  | TITLE  |   |   |                                       |  | Change                        | ☐ Addition        |
|  | f   |   |  |   |   |                                       | 1  |                               |                   |
| NAME   |   |   | NAME   |   |   |                                       | Į.   | -                             |                   |
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| STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE 12. I hereby indicatec | certify that the information supplied with on this report or supplemental report proration or the receiver or trustee emp | Delete  Delete  Delete  h this filing does not qualify strue and accurate and the | STREE CITY- TOLE NAME STREE CITY- TITLE T | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP Inpition stated in Se zre shall have the | ection 119.07(3)(i),<br>same legal effect | Florida Statutes.<br>as if made under | I further certify salts: that I am         | Change  Change                | Addition Addition |