## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P94000038941

Entity Name

INTERNATIONAL PLACE DEVELOPMENT II, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

10165 NW 19 ST MIAMI, FL 33172 Mailing Address

10165 NW 19 ST MIAMI, FL 33172



04082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0504523 Applied For Not Applicable

5. Certificate of Status Desired

APR 2 7 2006

X

\$8.75 Additional Fee Required

305-593-7722 Daylime Phone #

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19 ST MIAMI, FL 33172

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
HTLE NAME STREET ADDRESS CITY-SI-ZIP	D EASTON, EDWARD W 10165 NW 19 ST MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					//00000540059 05/10/06-80002-012 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					