2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Feb 02, 2007 08:00 AM DOCUMENT # P94000086776 **Secretary of State** INTERNATIONAL INVESTMENT INDUSTRIES INC. Principal Place of Business Mailing Address 401 GOLDEN ISLES DR. 401 GOLDEN ISLES DR. 313 313 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0562264 Not Applicable Zip Country Zip 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 GREENBLATT, STEPHEN 401 GOLDEN ISLES DR Stroot Address (P.O. Box Number is Not Acceptable) **APT 313** HALLANDALE FL 33009 City Zip Code 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 agent and title # applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 CHeck # 1854 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition USNAINSKY, PETER NAME 8088 SE PEPPERCORN COURT STREET ADDRESS STREET ADDRESS U00000618667 HOBE SOUND FL 33455 CITY-SI-7IP CITY-ST-ZIP 02/08/07-80039-009 150 TITLE. ☐ Delete GREENBLATT, STEPHEN NAME NAME. 401 GOLDEN ISLES DR., SUITE#313 STREET ADDRESS STREET ADDRESS HALLANOALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP Delete THIS TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Detete TITLE Change ■ Addition NAME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ШЦ ☐ Change Addition NAME NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath: 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C)TY-S1-7IP

Stephen Greenblatt

954-966-6772 Daytimo Phone #