



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90001 047 \*\*\*550.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P95000038405</b>  |   |   |  |                       |  |
| <b>1. Entity Name</b><br>IFU CORPORATION  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>2333 BRICKELL AVENUE<br>SUITE 2512<br>MIAMI, FL 33129 US  |   |   | <b>Mailing Address</b><br>2333 BRICKELL AVENUE<br>SUITE 2512<br>MIAMI, FL 33129 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>6342 N. Bay Road   |   | <b>3. Mailing Address</b><br>6342 N. Bay Road |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                           |  |  |  |
| <b>City &amp; State</b><br>Miami Beach, FL  |   | <b>City &amp; State</b><br>Miami Beach, FL    |  | <b>4. FEI Number</b><br>65-0582665   |  |
| <b>Zip</b><br>33141   |   | <b>Country</b><br>US                          |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GONZALEZ, CPA,PA, ERNESTO<br>2655 LE JEUNE ROAD,<br>SUITE PH-2B<br>CORAL GABLES, FL 33134   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| <b>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.</b>  |   |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>P</b><br>GUTIERREZ, JULIO CESAR<br>2333 BRICKELL AVE, #2512<br>MIAMI, FL 33129 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | 6342 N. Bay Road<br>Miami Beach, FL 33141  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
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| <b>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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____   |   |   | DT/25/2007    |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone #   |  |  |