


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

04-10-2008 90030 018 ***150.00
05-02-2008 90168 003 ***400.00

DOCUMENT # P95000038405 1. Entity Name IFU CORPORATION					
Principal Place of Business 6342 N. BAY ROAD MIAMI BEACH, FL 33141 US			Mailing Address 6342 N. BAY ROAD MIAMI BEACH, FL 33141 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0582665	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, CPA, PA, ERNESTO 2655 LE JEUNE ROAD, SUITE PH-2B CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, the registered agent.				FL Zip Code	
SIGNATURE <i>[Signature]</i> Julio Gutierrez / President 04/07/2008 <small>Signature typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, JULIO CESAR <input type="checkbox"/> Delete 6342 N. BAY ROAD MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	

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ATTACHMENT
TAXPAYER'S COPY

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0582665	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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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 <u><i>[Signature]</i></u> Julio Cesar Gutierrez / President DATE 04/07/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
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TITLE P	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GUTIERREZ, JULIO CESAR	_____		NAME _____	_____	
STREET ADDRESS 6342 N. BAY ROAD	_____		STREET ADDRESS _____	_____	
CITY-ST-ZIP MIAMI BEACH, FL 33141	_____		CITY-ST-ZIP _____	_____	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	_____		NAME _____	_____	
STREET ADDRESS _____	_____		STREET ADDRESS _____	_____	
CITY-ST-ZIP _____	_____		CITY-ST-ZIP _____	_____	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	_____		NAME _____	_____	
STREET ADDRESS _____	_____		STREET ADDRESS _____	_____	
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<small>Date</small>				<small>Daytime Phone #</small>	