

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000090605**

1. Entity Name  
INTERNATIONAL INVESTORS HOLDINGS, INC.



Principal Place of Business

101 EAST KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602

Mailing Address

101 EAST KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3410218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JUNG, MING  
101 EAST KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602

**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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MICHAELS, J. PATRICK JR  
STREET ADDRESS 101 EAST KENNEDY BLVD, STE 3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VP  
NAME GORDON, BRAD A  
STREET ADDRESS 101 E KENNEDY BLVD STE 3300  
CITY-ST-ZIP TAMPA, FL

TITLE VT  
NAME JUNG, MING G  
STREET ADDRESS 101 E KENNEDY BLVD STE 3300  
CITY-ST-ZIP TAMPA, FL

TITLE VS  
NAME HORWITZ, ANGELA L  
STREET ADDRESS 101 E KENNEDY BLVD STE 3300  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000339251  
04/28/05-80069-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Angela Horwitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela Horwitz

4/26/2005 (813) 226-8844

Date

Daytime Phone #