


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90308 046 \*\*\*150.00

**DOCUMENT # P97000071971**

1. Entity Name  
 I.L. INDUSTRIES CORP.



Principal Place of Business  
 1430 NW 88TH AVE.  
 MIAMI, FL 33172

Mailing Address  
 1430 NW 88TH AVE.  
 MIAMI, FL 33172

2. Principal Place of Business  
 1401 NW 88th Ave

3. Mailing Address  
 1430 NW 88th Ave

Suite, Apt. #, etc.

City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33172

Country  
 USA

Country  
 USA



04282004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0784100

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAFEMINA, ROSE M 19495 BISCAYNE BLVD., STE. 609 AVENTURA, FL 33180	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_