

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000098931 1. Entity Name INDEPENDENT EXECUTIVES GROUP, INC.					
Principal Place of Business 460 W 18TH STREET SUITE 600 HIALEAH FL 33010			Mailing Address 460 W 18TH STREET SUITE 600 HIALEAH FL 33010		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0983101 Applied For ☐ Not Applicable	
5. Certificate of Statute Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when changing office) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHENG, JUAN MIGUEL 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____
 Date the Report is Filed: _____