


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90008 038 \*\*\*150.00

<b>DOCUMENT # S47620</b> 1. Entity Name <b>INTERNATIONAL IMPORTS OF AMERICA, INC.</b>					
Principal Place of Business <b>5701 PINE ISLAND ROAD</b> <b>308</b> <b>TAMARAC, FL 33321-4400 US</b>			Mailing Address <b>5701 PINE ISLAND ROAD</b> <b>308</b> <b>TAMARAC, FL 33321-4400 US</b>		
2. Principal Place of Business <b>5701 Pine Island Rd</b> Suite, Apt. #, etc. <b>#340</b>			3. Mailing Address <b>5701 Pine Island Rd</b> Suite, Apt. #, etc. <b>#340</b>		
City & State <b>Tammarac, FL</b>		City & State <b>Tammarac, FL</b>		4. FEI Number <b>65-0255948</b>	
Zip <b>33321</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREENFIELD, IRVING</b> <b>5701 PINE ISLAND ROAD</b> <b>TAMARAC, FL 33051</b>				7. Name and Address of New Registered Agent Name <b>Delores Greenfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>5701 Pine Island Rd #340</b> City <b>Tammarac</b> <b>FL</b> Zip Code <b>33321</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.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENFIELD, JACK</b> <b>5701 PINE ISLAND RD.</b> <b>TAMARAC, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENFIELD, IRVING</b> <b>5701 PINE ISLAND RD.</b> <b>TAMARAC, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Delores Greenfield</b> <b>5701 Pine Island Rd #340</b> <b>Tammarac, FL 33321</b>	
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	
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 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: <b>Jack Greenfield</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>7/7/03</b> Daytime Phone #: <b>954-720-1695</b>		

J4000110



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