

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S70093

1. Entity Name  
IAS FILM CORPORATION



FILED

05 NOV -7 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1935 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

Mailing Address  
1935 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US



11042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
65-0284672

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	
SANFORD N. REINHARD, P.A. 2875 N.E. 191 ST. STE.#404 N. MIAMMI BCH., FL 33180		Name NESTOR GORFINKEL Street Address (P.O. Box Number is Not Acceptable) 20818 WEST DIXIE HIGHWAY City AVENTURA FL Zip Code 33180	

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: NESTOR GORFINKEL DATE: 11/4/2005

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

Amended AR is \$61.25

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	P SHUBER, ELIEZER 3679 NE 201 ST STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061219740 11/07/05--01053--024 **183.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELCER, LEONOR S 3679 NE 201ST STREET AVENTURA, FL 33180 <input checked="" 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 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: ELIEZER SHUBER, Pres. DATE: 11/4/2005 DAYTIME PHONE: 954-922-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR