
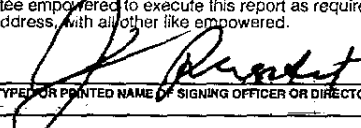


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2005 08:00 AM  
Secretary of State**

|   |                       |   |
|---|-----------------------|---|
| <b>DOCUMENT # V08958</b><br>1. Entity Name<br>IBK INVESTMENT & MANAGEMENT, INC.   |                       |    |
| Principal Place of Business<br>400 NEW YORK AVENUE<br>SUITE 105<br>WINTER PARK, FL 32789 US   |                       | Mailing Address<br>P.O. BOX 878<br>WINTER PARK, FL 32790 US   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                       |   |
| 6. Name and Address of Current Registered Agent<br><br>KITOGRAD, IRA B<br>400 NEW YORK AVENUE<br>SUITE 105<br>WINTER PARK, FL 32789   |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>  |                       |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| <b>10. OFFICERS AND DIRECTORS</b>   |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE   | PVD                   |   |
| NAME  | KITOGRAĐ, IRA B.      |   |
| STREET ADDRESS  | 400 NEW YORK AVENUE   |   |
| CITY - ST - ZIP   | WINTER PARK, FL 32789 |   |
| TITLE   |                       |   |
| NAME  |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP   |                       |   |
| TITLE   |                       |   |
| NAME  |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP   |                       |   |
| TITLE   |                       |   |
| NAME  |                       |   |
| STREET ADDRESS  |                       |   |
| CITY - ST - ZIP   |                       |   |
| 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:   |                       | 4/6/05 407 599-6996<br>Date Daytime Phone #   |



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3106625

Applied For  
Not Applicable

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

U000000300494  
04/12/05-80022-010 150.00