


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 043 ***150.00

| | |
|--|---|
| DOCUMENT # V35740 |  |
| 1. Entity Name I & E INVESTMENT CORPORATION | |

| | |
|--|--|
| Principal Place of Business % EUGENIA ROSEN 2751 SOUTH OCEAN DRIVE, APT. 1105 SOU HOLLYWOOD FL 33019 US | Mailing Address % EUGENIA ROSEN 2751 SOUTH OCEAN DRIVE, APT. 1105 SOU HOLLYWOOD FL 33019 US |
|--|--|

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



MOORE CR2E034 (11/03)

| | |
|---|---|
| 4. FEI Number 65-0332420 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent ROSEN, ISAAC 2751 S OCEAN DR - 2751 SOUTH OCEAN DRIVE APT 1105 SOUTH HOLLYWOOD FL 33019 |
|--|

| |
|--|
| 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 | <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|------------------|---|-------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution. <input type="checkbox"/> | |

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| P ROSEN, ISAAC 2751 S OCEAN DR APT 1105 S HOLLYWOOD FL 33019 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| S ROSEN, EUGENIA 2751 S OCEAN DR APT 1105 S HOLLYWOOD FL 33019 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| | |
| 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"/> Change <input type="checkbox"/> Addition |
| | |
| 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: <i>Isaac Rosen</i> | DATE: <i>3/01/2004</i> | DAYTIME PHONE #: <i>929-9383</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>DATE</small> | <small>DAYTIME PHONE #</small> |