

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F04000001614

1. Entity Name
INTERNATIONAL INVESTIGATIVE GROUP, LTD., INC.



Principal Place of Business
**2255 GLADES RD SUITE 324-A
BOCA RATON, FL 33431**

Mailing Address
**2901 LONG BEACH ROAD, SUITE 5
OCEANSIDE, NY 11572**

DO NOT WRITE IN THIS SPACE

03242008 No Chg-P CR2E034 (11/05)

4. Fil Number
13-3768447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIBACOFF, DANIEL D
6215 OLD COURT ROAD
#501
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and not approver.

(NOTE: Registered Agent Signature is required when reappointing)

DATE

3/25/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
RIBACOFF, DANIEL D
6215 OLD COURT ROAD # 501
BOCA RATON, FL 33433**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U000000883506
04/17/08-80006-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 PERSON OR DIRECTOR

3/25/08

Date

5163152809

Debbie Phone #