


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000102509</b>	
1. Entity Name I & F CORPORATION, GUAM	

Principal Place of Business 115 EAST TROPICANA LAS VEGAS, NV 89109	Mailing Address 115 EAST TROPICANA LAS VEGAS, NV 89109
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**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0079469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LIBOW, ALLEN H  
 3351 NW BOCA RATON BLVD  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	DP IZUMI, SUKEAKI 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS IZUMI, TOYO 115 EAST TROPICANA LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAFUKU, KOMEI 115 E. TROPICANA AVE LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000774616  
 01/07/08-80022-001 150.00

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:** *Komei Kafuku* **KOMEI KAFUKU** 1/3/08 (702) 597-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #