


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000097259**

1. Entity Name  
**I A CREDIT CORP.**  
**I I CREDIT CORP.**



**FILED**  
04 JAN -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10511 SW 88 St**  
Suite, Apt. #, etc. **C-205**  
City & State **MIAMI FL**  
Zip **33176** Country **USA**

3. Mailing Address  
**10511 SW 88 St**  
Suite, Apt. #, etc. **C-205**  
City & State **MIAMI FL**  
Zip **33176** Country **USA**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number \_\_\_\_\_ Applied For \_\_\_\_\_  
Not Applicable

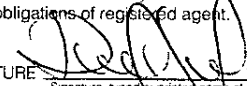
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KENNETH LA GRAVE**  
Street Address (P.O. Box Number is Not Acceptable)  
**10511 SW 88 St Suite # C-205**  
City **MIAMI FL** Zip Code **33176**

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.

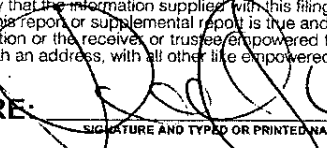
SIGNATURE  **KENNETH LA GRAVE PRESIDENT** Date **1-5-04**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PRESIDENT</b> <b>KENNETH LA GRAVE</b> <b>10511 SW 88 St # C-205</b> <b>MIAMI FL 33176</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<b>500026576535</b> <b>01/09/04--01001--021 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<b>500026576535</b> <b>01/09/04--01001--022 **150.00</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **KENNETH LA GRAVE** Date **1-5-04** (305) 9924868

CR2E034B (12/02)

1/07/04 RETURN MAIL DETAIL SCREEN  
CORP NUMBER: P01000097259 CORP NAME: I1 CREDIT CORP

8:30 AM

2003

FILED

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0011

04 JAN -9 AM 8:08

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR Filing Purposes -  
- ONLY -**

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS  
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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