2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # G90301

ANNUAL REPORT (AR)					May 05 2004 8:00 am	
DOCUMENT # G90301 1. Entity Name INTERNATIONAL BUSINESS CORPORATION					May 05, 2004 8:00 am Secretary of State 05-05-2004 90240 002 ***158.75	
				1.55		
Principal Plac	e of Business	Mailing Address				
100 SE 2ND STREET SUITE 2315-A MIAMI FL 33131		100 SE 2ND STREET SUITE 2315-A MIAMI FL 33131			14022099	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 59-2368053 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
IBC FIDUCIARY INC. 100 SE 2ND ST. SUITE 2315-A MIAMI FL 33131			Street	Address (P	P.O. Box Number is Not Acceptable)	
WIMMITESSISI			City		FL Zip Code	
	named entity submits this statement to ions of registered agent.	the purpose of changing its r	egistered office	or registere	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signa	ature required v	when reinstating) 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 Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ,	VTAS	Delete	TITLE		☐ Change ☐ Addition	
			STREET ADDRESS			
	ATAC		CITY-ST-ZIP	<u> </u>		
title Name	ATAS NUH, A	☐ Delete	TITLE NAME	V-AT		
	100 SE 2ND STREET 2315		STREET ADDRESS		S.E. 2nd Street, #2315-A	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		ni, FL 33131	
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition	
	SMEJDA, L.	-	NAME			
STREET ADDRESS CITY-ST-ZIP	100 SE 2ND STREET 2315 MIAMI FL 33131		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	<u> </u>	☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY+ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

A. Nuh

04/16/04

(305) 358-9990

☐ Change

☐ Addition

Daytime Phone #

FILED