

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 004 \*\*\*167.50



**DOCUMENT # G90301**

1. Entity Name

INTERNATIONAL BUSINESS CORPORATION

Principal Place of Business

100 SE 2ND STREET  
SUITE 2315-A  
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET  
SUITE 2315-A  
MIAMI FL 33131

30051773



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**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  
VATS  
NUH, A  
100 SE 2ND STREET 2315  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSD  
SMEJDA, L.  
100 SE 2ND STREET 2315  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
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CITY- ST- ZIP  
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CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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CITY- ST- ZIP  
☐ 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.

SIGNATURE:

*L. SMEJDA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2005

305-358-9990