

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90113 019 \*\*\*167.50

**DOCUMENT # G91833**

1. Entity Name

IBC FIDUCIARY INC.



Principal Place of Business

100 SE 2ND ST.  
SUITE 2315-A  
MIAMI FL 33131

Mailing Address

100 S.E. 2ND ST  
2315-A  
MIAMI FL 33131  
US

14017700



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

59-2398374

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

SMEJDA, L.  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☒ Delete  
NAME KANSY, J  
STREET ADDRESS 100 S.E. 2ND STREET, #2315-A  
CITY-ST-ZIP MAIMI FL 33131

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

TITLE ASAT ☐ Delete  
NAME NUH, A  
STREET ADDRESS 100 S.E. 2ND STREET, #2315-A  
CITY-ST-ZIP MAIMI FL 33131

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

TITLE V ☒ Delete  
NAME NUH, A  
STREET ADDRESS 100 S.E. 2ND STREET, #2315-A  
CITY-ST-ZIP MAIMI FL 33131

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

TITLE PDS ☐ Delete  
NAME SMEJDA, L  
STREET ADDRESS 100 S.E. 2ND STREET, #2315-A  
CITY-ST-ZIP MAIMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V-AS-T  
STREET ADDRESS ROMAN, M.  
CITY-ST-ZIP 100 SE 2nd St.  
Miami, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2005

305-358-  
9990