2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N99000006601

Entity Name: INTERNATIONAL BUSINESS COUNCIL OF FLORIDA, INC.

Current Principal Place of Business:

9737 NW 41 ST
490
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 ST
490
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1032877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIMARES ACCOUNTING SERVICES CORP
15461 SW 137 CT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALMEIDA, JAIR
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: PINHEIRO, ANTONIO
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: GOMEZ, CLARA
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: ARRIOLA, MARTIN
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: CHAO, ROBERT
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: DUBEC, GEORGE
Address: 9737 NW 41 ST SUITE 490
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIR ALMEIDA PRES 01/19/2009

Electronic Signature of Signing Officer or Director — Date