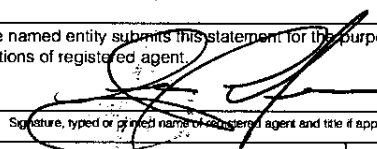
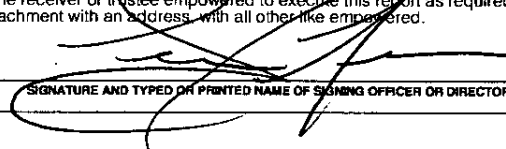


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90311 030 \*\*\*150.00

<b>DOCUMENT # P01000005834</b>						
1. Entity Name <b>INDEBCA, INC.</b>						
Principal Place of Business <b>836 E. VINE STREET KISSIMMEE, FL 34744</b>			Mailing Address <b>836 E. VINE STREET KISSIMMEE, FL 34744</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-3696209</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>CABRERA, LUIS A 836 E. VINE STREET KISSIMMEE, FL 34744</b>			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: 			DATE: <b>4/13/04</b>			
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNO, GIOSUE		NAME			
STREET ADDRESS	2610 SPRING HILL DR		STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARREIRO, MARIA T		NAME			
STREET ADDRESS	2610 SPRING HILL DR		STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABRERA, LUIS A		NAME	Cabrera, Luis A.		
STREET ADDRESS	112 TIJUANA DR		STREET ADDRESS	836 East Vine St.		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: 			DATE: <b>4/13/04</b> DAYTIME PHONE #: <b>407-935-0068</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE			