


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90047 021 \*\*\*150.00

<b>DOCUMENT # P01000016511</b> 1. Entity Name <b>INTERNATIONAL BUSINESS AND ASSETS CONSULTANTS, INC.</b>					
Principal Place of Business <b>444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131</b>			Mailing Address <b>444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>444 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>SUITE 415</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33131-2405</b> Country <b>USA</b>			3. Mailing Address <b>444 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>SUITE 415</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33131-2405</b> Country <b>USA</b>		
4. FEI Number <b>65-1086579</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>TAVARES, CHARLES 444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVARES, CHARLES 444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CHARLES TAVARES 444 BRICKELL AVE, STE 415 MIAMI, FLORIDA 33131-2405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date <b>3/5/04</b></span> <span>Daytime Phone # <b>305 340 2020</b></span> </div>					