

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90085 001 \*\*\*600.00

**DOCUMENT # P01000090035**

1. Entity Name  
IG 3408 MARK CORP.



Principal Place of Business  
1500 SAN REMO AVENUE, SUITE 177  
CORAL GABLES, FL 33146

Mailing Address  
1500 SAN REMO AVENUE, SUITE 177  
CORAL GABLES, FL 33146

**66401310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1138557

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

BARED, PABLO R ESQ.  
1500 SAN REMO AVENUE, SUITE 177  
CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

1500 San Remo Ave #103

City

Coral Gables

FL

Zip Code 33146

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, 2004 Fee will be \$550.00**

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 PD  
NAME GALDOS COLON, IGNACIO JESUS  
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 177  
CITY-ST-ZIP CORAL GABLES, FL 33146 ☐ Delete

TITLE  
NAME 1500 San Remo Ave #103 ☒ Change ☐ Addition  
STREET ADDRESS Coral Gables, FL 33146  
CITY-ST-ZIP

TITLE SD  
NAME GALDOS LAURETTA, INAKI REAFEL  
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 177  
CITY-ST-ZIP CORAL GABLES, FL 33146 ☐ Delete

TITLE  
NAME 1500 San Remo Ave #103 ☒ Change ☐ Addition  
STREET ADDRESS Coral Gables, FL 33146  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

305 666 6010

Daytime Phone #