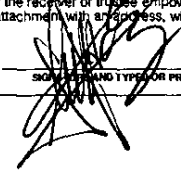


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000020167		
1. Entity Name IBARRA SERVICES, INC.		
Principal Place of Business 10221 NW 23RD STREET CORAL SPRINGS, FL 33065		Mailing Address 10221 NW 23RD STREET CORAL SPRINGS, FL 33065
2. Principal Place of Business 10221 NW 33rd ST Suite, Apt. #, etc. # 1		3. Mailing Address 10221 NW 33rd ST Suite, Apt. #, etc. # 1
City & State Coral Springs, FL		City & State Coral Springs, FL
Zip 33065		Country U.S.
4. FEI Number 04-3605426		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NOFIL, JOSEPH K P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent 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's signature required when maintaining) DATE _____		
FILE NOW!!! FEB IS \$150.00 After May 1, 2003 Fee will be \$650.00 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 ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP PTSD IBARRA, LAURA 10221 NW 23RD STREET CORAL SPRINGS, FL 33065		TITLE ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 10221 NW 33rd ST # 1 Coral Springs, FL 33065
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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)(X), 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: 		4/29/03 (954) 344 8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

90126927



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)