


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000020494
1. Entity Name
IBUARO INVESTMENTS INC.



Principal Place of Business Mailing Address
**8775 SW 92ND NO. ST.
APT. #8
MIAMI, FL 33176** **8775 SW 92ND NO. ST.
APT. #8
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number **02-0567058** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CAMARGO, LIZETTE Y
8775 SW 92ND NO. ST.
APT. #8
MIAMI, FL 33176**

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IN THIS SPACE**

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 constituting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CAMARGO, LIZETTE Y 8775 SW 92ND NO. ST. #8 MIAMI, FL 33176
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**U00000159375
05/10/04-80027-006 150.00**

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IN THIS SPACE**

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:  **LIZETTE Y. CAMARGO** **05/04/04 (305) 663-7259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #