


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90004 021 ***150.00

DOCUMENT # P03000143598

1. Entity Name
IBIZA PROPERTIES INC.



Principal Place of Business Mailing Address


~~6191 CORAL WAY~~ ~~3191 CORAL WAY~~
~~624~~ ~~624~~
MIAMI, FL 33145 **MIAMI, FL 33145**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2828 CORALWAY **2828 CORALWAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
308 **308**

City & State City & State

MIAMI, FL **MIAMI, FL**
 Zip Zip Country Country
33145 **33145** **USA** **USA**



01312008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1044537 Not Applicable

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

6. Name and Address of Current Registered Agent

MELO, PAULO
3191 CORAL WAY
#624
MIAMI, FL 33145

CHANGE of address only

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable)
2828 CORAL WAY # 308

City **MIAMI, FL** FL Zip Code **33145**

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 reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D TAVARES DE MELO, PAULO H 3191 CORAL WAY #624 CORAL GABLES, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY # 308 MIAMI, FL, 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIMARAES, GABRIELLA 3191 CORAL WAY #624 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY SUITE # 308 MIAMI, FL, 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELO, EDUARDO 3191 CORAL WAY #624 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 CORAL WAY # 308 MIAMI, FL, 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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 an officer or trustee empowered.

SIGNATURE: *Gabriella Guimarães* Date: **02/12/08** Daytime Phone #: **(305) 567-1163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GABRIELLA GUIMARAES