

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121182

Entity Name: IBS GROUP OF FLORIDA, INC.

FILED  
Jan 03, 2008  
Secretary of State

## Current Principal Place of Business:

8816 EXCITEMENT DRIVE  
REUNION, FL 34747

## New Principal Place of Business:

7716 EXCITEMENT DRIVE  
REUNION, FL 34747

## Current Mailing Address:

P O BOX 1569  
SUMMERFIELD, FL 34492

## New Mailing Address:

FEI Number: 26-1403114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, PRAVIN N  
2426 E SEMORAN BLVD  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANAND, SUNEEL  
Address: P O BOX 1569  
City-St-Zip: SUMMERFIELD, FL 34492

Title: S ( ) Delete  
Name: GRASSO, APRIL  
Address: P O BOX 1569  
City-St-Zip: SUMMERFIELD, FL 34492

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNEEL ANAND

P

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date