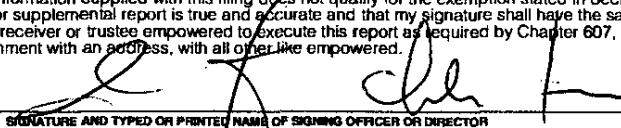


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 037 ***150.00

DOCUMENT # P01000105999 1. Entity Name IBAC ASSET HOLDERS, INC.					
Principal Place of Business 444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131		
2. Principal Place of Business 444 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 415 City & State MIAMI, FLORIDA Zip 33131-2405			3. Mailing Address 444 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 415 City & State MIAMI, FLORIDA Zip 33131-2405		
Country USA		Country USA		4. FEI Number 65-1150091	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TAVARES, CHARLES 444 BRICKELL AVENUE SUITE 421 MIAMI, FL 33131					
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 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 TAVARES, CHARLES STREET ADDRESS 444 BRICKELL AVENUE SUITE 421 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE CHARLES TAVARES NAME 444 BRICKELL AVENUE, SUITE 415 STREET ADDRESS MIAMI, FLORIDA 33131-2405 CITY-ST-ZIP	☒ Change ☐ Addition	
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:  3/5/04 30531000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					