

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90199 010 ***158.75

DOCUMENT # G91833 1. Entity Name IBC FIDUCIARY INC.					
Principal Place of Business 100 SE 2ND ST. SUITE 2315-A MIAMI, FL 33131			Mailing Address 100 S.E. 2ND ST 2315-A MIAMI, FL 33131 US		
2. Principal Place of Business 100 S.E. 2ND STREET		3. Mailing Address 100 S.E. 2ND STREET			
Suite, Apt. #, etc. 2222-A		Suite, Apt. #, etc. 2222-A			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-2398374	
Zip 33131		Country U.S.A.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMEJDA, L. 100 SE 2ND ST. SUITE 2315-A MIAMI, FL 33131		7. Name and Address of New Registered Agent Name L. SMEJDA Street Address (R.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET STE. 2222-A City MIAMI FL Zip Code 33131			
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: <u><i>L. SMEJDA</i></u> L. SMEJDA <u>04/28/06</u> Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VAST ROMAN, T 100 SE 2ND ST MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST ROMAN, M. 1602 ALTON ROAD #100 MIAMI BEACH, FL 33139
		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT NUH, A 100 S.E. 2ND STREET, #2315-A MAIMI, FL 33131	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMEJDA, L 100 S.E. 2ND STREET, #2315-A MAIMI, FL 33131	☒ 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	P - S SMEJDA, L. 100 S.E. 2 ND STREET, STE. 2222-A MIAMI, FL 33131
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, A. 1602 ALTON ROAD #500 MIAMI BEACH, FL 33139
		☐ Change ☒ Addition			
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 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 all other like empowered.					
SIGNATURE: <u><i>K. Roman</i></u> K. Roman <u>04/28/06</u> 305 3589990 Signature and typed or printed name of signing officer or director Date Daytime Phone					