

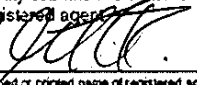



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90199 011 ***158.75

DOCUMENT # M61444 1. Entity Name IBC GROUP CORPORATION S.A.					
Principal Place of Business 100 SE 2ND ST 2315-A MIAMI, FL 33131 US			Mailing Address 100 S.E. 2ND ST #2315-A MIAMI, FL 33131 US		
2. Principal Place of Business 100 S.E. 2ND STREET Suite, Apt. #, etc.		3. Mailing Address 100 S.E. 2ND STREET Suite, Apt. #, etc.		 04282006 Chg-P CR2E034 (11/05)	
STE. 2222-A City & State MIAMI, FL		STE. 2222-A City & State MIAMI, FL			
Zip 33131		Zip 33131			
Country US		Country US			
4. FEI Number 65-0018544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 SE SECOND ST. SUITE 2315-A MIAMI, FL 33131				7. Name and Address of New Registered Agent Name IBC FIDUCIARY INC. Street Address (P.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  IBC FIDUCIARY INC. 04/28/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PAST NUH, A. 100 SE 2ND STREET # 2315-A MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST NUH, A. 150 S.E. 2 ND AVE. STE. 1002 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROMAN, M. 100 SE 2ND STREET # 2315-A MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROMAN, M. 100 S.E. 2 ND STREET, STE. 2222-A MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  A. NUH 04/28/06 305 358 9990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					