

FILED
Jun 14, 2006 8:00 am
Secretary of State

000100-

DOCUMENT # F33137 1. Entity Name IBER MOLD AND DIE, INC.		 05-05-2006 90169 048 ***150.00	
Principal Place of Business 603 PACKARD COURT SAFETY HARBOR, FL 34695		Mailing Address 603 PACKARD COURT SAFETY HARBOR, FL 34695	
DO NOT WRITE IN THIS SPACE		02142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2104219	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, RAFAEL A 1741 VIRGINIA AVENUE PALM HARBOR, FL 34683		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	SANCHEZ, RAFAEL A		
STREET ADDRESS	1741 VIRGINIA AVENUE		
CITY - ST - ZIP	PALM HARBOR, FL		
TITLE	SD		
NAME	ALONSO, ANTONIO		
STREET ADDRESS	13 OAK AVENUE		
CITY - ST - ZIP	PALM HARBOR, FL		
TITLE	VPD		
NAME	SANCHEZ, PACITA		
STREET ADDRESS	1741 VIRGINIA AVE		
CITY - ST - ZIP	PALM HARBOR, FL		
TITLE	TD		
NAME	ALONSO, MARINA		
STREET ADDRESS	13 OAK AVE		
CITY - ST - ZIP	PALM HARBOR, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>P Sanchez</i> PACITA SANCHEZ		Date: 4-21-06 Daytime Phone #: 727-726-7419	