

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 047 ***158.75

DOCUMENT # G91833 1. Entity Name IBC FIDUCIARY INC.					
Principal Place of Business 100 SE 2ND ST 2222-A MIAMI, FL 33131			Mailing Address 100 SE 2ND ST 2222-A MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2398374	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 SMEJDA, L. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 ND STREET, SUITE # 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>L. SMEJDA,</u> 4-25-2007 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 1602 ALTON RD 100 MIAMI BEACH, FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS SMEIDA, L 100 SE 2ND ST STE 2222-A MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, A 1602 ALTON RD 500 MIAMI BEACH, FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS T ROMAN, M 1602 ALTON ROAD, # 100 MIAMI BEACH, FL 33139	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S SMEJDA, L 100 SE 2 ND STREET, SUITE # 2222-A	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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>H. ROMAN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>04/25/07</u> Daytime Phone <u>(305) 358-9990</u>			