


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F33137 1. Entity Name IBER MOLD AND DIE, INC.	
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Principal Place of Business 603 PACKARD COURT SAFETY HARBOR, FL 34695	Mailing Address 603 PACKARD COURT SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2104219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, RAFAEL A 1741 VIRGINIA AVENUE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALONSO, ANTONIO 13 OAK AVENUE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SANCHEZ, PACITA 1741 VIRGINIA AVE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALONSO, MARINA 13 OAK AVE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/16/08-80055-015 150.00

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:  **PACITA SANCHEZ/VPD** **4/0/2008** **727-72-7419**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #