2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G90301

INTERNATIONAL BUSINESS CORPORATION



Principal Place of Business

100 SE 2ND STREET SUITE 2222-A MIAMI, FL 33131

Mailing Address

100 SE 2ND STREET SUITE 2222-A MIAMI, FL 33131

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90194 028 ***158.75

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6. Name and Address of Current Registered Agent

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2368053 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

IBC FIDUCIARY INC. 100 SE 2ND ST. **SUITE 2222-A** MIAMI, FL 33131

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its req	jistere	d office or registered agent, or bot	th, in the State of Florid	a. Ham familiar v	vith, and accept			
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	9. Election Campaign Trust Fund Contribu		cing \$5.00 May Be							
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATS NUH, A 150 SE 2ND AVENUE STE 1002 MIAMI, FL 33131						*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMEJDA, L 100 SE 2ND STREET SUITE 2222-A MIAMI, FL 33131									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE				

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12. I hereby certify that the information supplied with this filling 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR