## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # F01000005288** 1. Entity Name 3-22-2004 90032 012 \*\*\*150.00 IBERAMIC, INC. Principal Place of Business Mailing Address 24020639 156 ALMERIA AVE., SUITE 201 156 ALMERIA AVE., SUITE 201 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3618 PALMETTO 3. Mailing Address 3618 PALMETTO AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 52-2109369 COCOMUT GROVE, FLORIDA COCONUT GROVE, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELUREN ESQ, MARK S Street Address (P.O. Box Number is Not Acceptable) 308 ALHAMBRA CIRCLE **MIAMI FL 33134** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVTD TITLE ☐ Delete TITLE Change Addition RIAZA, PEDRO NAME NAME 3618 PALMETTO AUG 156 ALMERIA AVE 201 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP COCOPUT GROVE, FL 3313 TITLE vs. ☐ Delete TITLE Change ☐ Addition NAME ROCA, INMA NAME 3618 PALMETTO AVE STREET ADDRESS 156 ALMERIA AVE 201 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP COCONUT GROVE, FL33133 Change TITLE Delete TITLE ☐ Addition NAME DIAGO, FERNANDO NAME 3618 PALMETTO AVE STREET ADDRESS STREET ADDRESS 156 ALMERIA AVE 201 COCONUT GROUT, FL 33133 CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP D TITLE ☐ Delete TITLE Change ☐ Addition PINON, JOAQUIN STREET ADDRESS 156 ALMERIA AVE 201 STREET ADDRESS 3618 PALMETTO AUG CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 TY Change ☐ Delete TITLE TITLE ☐ Addition CABRERA, CARLOS NAME NAME 3618 PALMETTO AJE 156 ALMERIA AVE 201 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP 17 Change TITLE ☐ Delete TITLE ☐ Addition NOMDEDEU, VINCENT NAME 3618 PALMETTO AJE 156 ALMERIA AVE 201 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED