**FILED**
**May 09, 2005 8:00 am**
**Secretary of State**
04-13-2005 90035 033 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F33137

1. Entity Name
IBER MOLD AND DIE, INC.

66016307

| Principal Place of Business | Mailing Address |
|---|---|
| 603 PACKARD COURT<br>SAFETY HARBOR, FL 34695 | 603 PACKARD COURT<br>SAFETY HARBOR, FL 34695 |

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| 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 | |

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12. I hereby 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.

727

**SIGNATURE:** P Sanchez PACITA SANCHEZ 4-05-05 727-7419
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #