


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # F44384 1. Entity Name IBARS ELECTRONICS CORP.	
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Principal Place of Business 12233 SW 55TH ST SUITE 812 COOPER CITY, FL 33330 US	Mailing Address 12233 SW 55TH ST SUITE 812 COOPER CITY, FL 33330 US
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03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2188531	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENTE, MANUEL F
1110 BRICKELL AVE
7TH FLOOR, SUITE 700
MIAMI, FL 33131

**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 _____
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
After May 1, 2008 Fee will be \$550.00

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

U00000888645
04/22/08-80020-020 158.75

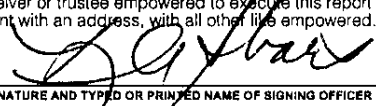
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IBARS, OSCAR M 15266 S.W. 35TH ST. DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS IBARS, LOURDES A. 15266 S.W. 35TH ST. DAVIE, FL 33331
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES A. IBARS

04/07/08

954-680-7989

Date

Daytime Phone #