

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000925

Entity Name: IRIBA, INC.

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

C/O MORAITIS & COFAR, SUITE 506
915 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304

Current Mailing Address:

C/O MORAITIS & COFAR, SUITE 506
915 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

MORAITIS, COFAR, KARNEY & MORAITIS
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE, FL 33304

New Mailing Address:

MORAITIS, COFAR, KARNEY & MORAITIS
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE, FL 33304

FEI Number: 65-0643008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIZARRAGA, MARIA J
Address: C/O BELLO REALTY, 3036 E. COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: ESQUIDE, MARIA M
Address: C/O BELLO REALTY, 3036 E. COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LIZARRAGA

D

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date