


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # K38645</b><br>1. Entity Name<br><b>INTERNATIONAL BONDED EXPORT SERVICE CORP.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2200 NW 102ND PLACE<br/>MIAMI FL 33172<br/>US</b> | Mailing Address<br><b>2200 NW 102ND PLACE<br/>MIAMI FL 33172<br/>US</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/04)

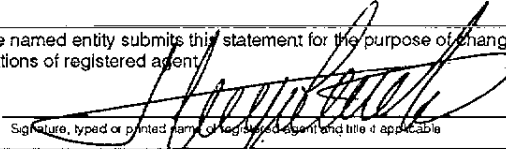
4. FEI Number **65-0083559** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>CASTRO, HUGO<br/>1795 MICANOPY AVE<br/>MIAMI FL 33133</b> |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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  DATE **April 28, 2005**  
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**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>PST<br/>CASTRO, HUGO<br/>2200 NW 102ND PLACE<br/>MIAMI FL</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D<br/>CASTRO, HUGO<br/>2200 N.W. 102ND PLACE<br/>MIAMI FL</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D<br/>CASTRO, GRACIELA T<br/>2200 NW 102ND PLACE<br/>MIAMI FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D<br/>AVILA, INES C<br/>2200 NW 102ND PL<br/>MIAMI FL 33712</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><br><input type="checkbox"/> Change <input type="checkbox"/> Add<br><br><input type="checkbox"/> Change <input type="checkbox"/> Add<br><br><input type="checkbox"/> Change <input type="checkbox"/> Add<br><br><input type="checkbox"/> Change <input type="checkbox"/> Add |

**U00000356301**  
**05/04/05-60031-003 158.75**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 live empowered.

SIGNATURE:  DATE **April 28, 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR