2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K53046 02-24-2005 90030 003 ***150.00 1. Entity Name INTERNATIONAL BUILDERS ASSOCIATES, INC. Principal Place of Business Mailing Address 35 NE 38TH ST. 35 NE 38TH ST. MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Agt. #, etc. 02152005 CR2E034 (10/03) Cha-P City & State Applied For City & State 4. FEI Number 59-0487311 Not Applicable Zο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURIEL, SCEMLA Street Address (P.O. Box Number is Not Acceptable) 105 OCEAN BLVD. GOLDEN BEACH, FL 33160 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 optigations of registered agent. SIGNATURE. Signature, typed or priviled name of registered agent and the if applicable (NOTE; Registered Agent signature required when renstating) DATE .9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE Change SCEMLA, MURIEL NAME NAME STREET ADDRESS 105 OCEAN BLVD. STREET ADORESS CITY ST-ZIP GOLDEN BEACH, FL 33160 CITY-ST-ZIP Scenla, Sebastien GChange DHE ☐ De!ete ħΠΕ ☐ Addition SCEMLA, SEBASTIEN NAME ! AIJE 35 NE 38th STREET MIAMIFL 3313 STREET ADDRESS 322 S. PARKWAY STREET ADDRESS CITY ST-ZIP GOLDEN BEACH, FL 33160 CITY - ST - ZIP Change TITLE Delete TITLE Addition NAME NAME SIRFEI MXORESS STREET ALXORESS CITY ST-7P CITY - ST - 7IP TITLE Delete TITLE ☐ Change Addition LAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE Defete TITL F Change Addition LAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP nne ☐ Delete TITLE ☐ Chance ☐ Addition A. A.S.A.F. NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP 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 it made under oath; that I am an officer or director of the corporation or the receiver or true examples and the execution of the receiver or true examples and the execution of the receiver or true examples and the execution of the receiver or true examples. changed, or on an attachment with 02/17/04/305/576-447 RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 24, 2005 8:00 am