

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K53046**

1. Entity Name  
**INTERNATIONAL BUILDERS ASSOCIATES, INC.**



Principal Place of Business

**35 NE 38TH ST.  
MIAMI, FL 33137**

Mailing Address

**35 NE 38TH ST.  
MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0487311**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**MURIEL, SCEMLA  
105 OCEAN BLVD.  
GOLDEN BEACH, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

9. 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 (if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SCEMLA, MURIEL  
STREET ADDRESS 105 OCEAN BLVD.  
CITY ST ZIP GOLDEN BEACH, FL 33160

TITLE V  
NAME SCEMLA, SEBASTIEN  
STREET ADDRESS 35 NE 38TH SST  
CITY ST ZIP MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

000000391859  
01/24/06-80058-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 powers.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-06 (305) 576-4470  
Date Date and Phone #