


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 038 ***900.00

DOCUMENT # L72218	
1. Entity Name INTEGRATED STRUCTURAL BUILDERS, INC.	

Principal Place of Business 8300 S.W. 8 STREET SUITE 301 MIAMI FL 33144 US	Mailing Address 3741 NE 163 ST STE #154 N MIAMI BEACH FL 33160 US
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2. Principal Place of Business 1440 J.F. KENNEDY CAUSEWAY Suite, Apt. #, etc. 130 City & State NORTH BAY VILLAGE FL Zip 33141 Country MIAMI DADE	3. Mailing Address 16850-112 COLLINS AVE Suite, Apt. #, etc. 154 City & State SUNNY ISLE BEACH FL Zip 33160 Country MIAMI DADE
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MOORE CR2E034 (4/04)

4. FEI Number NO-T APPLICABLE		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PRADERA, HUGO 8300 S.W. 8TH STREET SUITE 301 MIAMI FL 33144		
7. Name and Address of New Registered Agent Name PRADERA--HUGO Street Address (P.O. Box Number is Not Acceptable) 1440 JF KENNEDY CAUSEWAY SUITE 130 City NORTH BAY VILLAGE FL Zip Code 33141		

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 PRADERA HUGO PRESIDENT  1/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PRADERA, HUGO D 3741 NE 163 ST #154 N MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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:  1/25/05 305-710 0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #