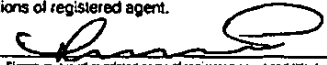


FILED
Mar 15, 2005 8:00 am
Secretary of State

02-04-2005 90039 024 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M48598			
1. Entity Name INTERAMERICAN AND CARIBBEAN BUSINESS CENTER, INC.			
Principal Place of Business 2663 AIRPORT RD D-102 NAPLES, FL 34112		Mailing Address 2663 AIRPORT RD D-102 NAPLES, FL 34112	
2. Principal Place of Business 2661 AIRPORT RD Suite, Apt. #, etc. C-107 City & State NAPLES, FLORIDA Zip 34112 Country U.S.A.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
66005295 		01262005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2804297		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGAN, SOFIA 7471 MILL POND CIRCLE NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  SOFIA PAGAN - OWNER DATE 02/01/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAGAN, SOFIA 2663 AIRPORT RD D-102 NAPLES, FL 34112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  03/07/05 239) 732-7800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	