## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # M48598  1. Entity Name INTERAMERICAN AND CARIBBEAN BUSINESS CENTER, INC.					01-19-2006	90083 004 ***15	0.00	
Principal Plac	ce of Business	Mailing Address		<u> </u>	<b>.</b> • -			
2681 AIRPORT RD 2663 AIRPORT RD								
C-107 - D-102 NAPLES, FL 34112 NAPLES, FL 34112				**				
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address 2681 Air PORT RD.		D.				
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>C - 107</b>		01122006	Chg-P	CR2E034 (11/05)		
City & State		City & State Naples of		4. FEI Numb		<del></del>	oplied For	
Zip	Country	34112	Country USA	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	legistered Agent		
PAGAN, SOFIA			Name	Name				
7471 MILL POND CIRCLE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, FL 34109								
	1		City		<del></del>	FL Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registere				<b>┌</b> ┡				
the obligation	tions of registered agent.	The purpose of changing its re-	gistared office of reg	gistered agent, or bo	m, m me state of ric	moa. Tamilamiliar with,	апо ассерт	
SIGNATURE.					01	112/2006		
	Signature, typed or printed name of registered agent a	and atte if applicable. (NOTE Ri	egistered Agent signature re	equired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				\$5,00 May Be				
	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	ution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	OFFICERS AND		TITLE	ADDITIONS		ICERS AND DIRECTOR	S IN 11	
	OFFICERS AND	DIRECTORS	11.	Ms. Sophia Pa	gan			
TITLE NAME	OFFICERS AND DP PAGAN, SOFIA	DIRECTORS	11. TITLE NAME	ADDITIONS  Ms. Sophia Pa	gan			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP PAGAN, SOFIA 2663 AIRPORT RD D-102	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ms. Sophia Pa	gan			
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2. Thereby Certify that the information supplied with this liling 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 empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/12/2006 239-732-7800