

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M88377	
1. Entity Name I.B.O. REALTY, INC.	

Principal Place of Business 10500 SW 141 AVENUE MIAMI, FL 33186 US	Mailing Address 10500 SW 141 AVE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



03032006 No Chg P CRZE034 (11/05)

4. FEI Number 65-0060755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VELIKOPOLJSKI, SERGIO
10500 SW 141 AVE
MIAMI, FL 33186

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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 _____ Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME VELIKOPOLJSKI, SERGIO
STREET ADDRESS 10500 S.W. 141ST AVE.	
CITY-ST-ZIP MIAMI, FL	
TITLE ST	NAME VELIKOPOLJSKI, SERGIO
STREET ADDRESS 10500 S.W. 141ST AVE.	
CITY-ST-ZIP MIAMI, FL	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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03/16/06 00021-015 158.75

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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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 4 - 2006 **305-387 3427**
Date Daytime Phone #