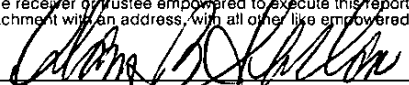


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90051 029 \*\*\*\*61.25

<b>DOCUMENT # N25287</b> 1. Entity Name <b>INTERBUSINESS RESOURCES, INC.</b>					
Principal Place of Business <b>% ALAN B. SASLAW</b> <b>20801 BISCAYNE BOULEVARD, SUITE 304</b> <b>AVENTURA, FL 33180</b>			Mailing Address <b>% ALAN B. SASLAW</b> <b>20801 BISCAYNE BOULEVARD, SUITE 304</b> <b>AVENTURA, FL 33180</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SASLAW, ALAN B</b> <b>% ALAN B. SASLAW</b> <b>20801 BISCAYNE BOULEVARD, SUITE 304</b> <b>AVENTURA, FL 33180</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEMLER, PAUL		NAME		
STREET ADDRESS	740 N.E. 102ND STREET		STREET ADDRESS	3811 Cleary Blvd.	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	Plantation, Florida 33324	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASLAW, ALAN B		NAME		
STREET ADDRESS	20801 BISCAYNE BOULEVARD, SUITE 304		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, LARRY		NAME		
STREET ADDRESS	667 N. BISCAYNE RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PD ROBERTS, JESSICA D.	
STREET ADDRESS			STREET ADDRESS	3801 S. Ocean Dr., #1-U	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood, Florida 33019	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> 			2-3-05 305-682-1600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		