2004 FOR PROFIT CORPORATION •-- 🛰 ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P00000057721 1. Entity Name 02-04-2004 90062 021 ***150 00 INTERNATIONAL BUSINESS GROUP, INC. Principal Place of Business Mailing Address 955 LONGWOOD CLUB PLACE 955 LONGWOOD CLUB PLACE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-365325 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DATOO, ABBAS L Street Address (P.O. Box Number is Not Acceptable) 955 LONGWOOD CLUB PLACE LONGWOOD FL 32750 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition DATOO, LIAQATALI M NAME NAME 955 LONGWOOD CLUB PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME DATOO, NASEEM L NAME STREET ADDRESS 955 LONGWOOD CLUB PLACE STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete Change ☐ Addition NAME DATOO, MURTAZA M --NAME STREET ADDRESS 955 LONGWOOD CLUB PL STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DATOO, ABBAS L NAME NAME 955 LONGWOOD CLUB PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED