

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000062381 1. Entity Name INTERNATIONAL BUSINESS WORLD, INC.		
Principal Place of Business 251 E FLAGLER STREET 86 MIAMI, FL 33132		Mailing Address 15437 SW 20TH STREET DAVIE, FL 33326
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number -55-1076243		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent MORENO, HECTOR A 15437 SW 20TH STREET DAVIE, FL 33326		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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent (mandatory)</small>		DATE:
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: SVP <input type="checkbox"/> Delete NAME: MORENO, HECTOR A STREET ADDRESS: 15437 SW 20TH STREET CITY-ST-ZIP: DAVIE, FL 33326	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	CRE034 (10/02)
TITLE: PT <input type="checkbox"/> Delete NAME: MORENO, HECTOR A STREET ADDRESS: 15437 SW 20TH STREET CITY-ST-ZIP: DAVIE, FL 33326	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF-BROWING OFFICER OR DIRECTOR</small>		Date: Daytime Phone:

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