FILED
May 02, 2003 8:00 am
Secretary of State
04-10-2003 90187 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000066964

1. Entity Name
INDUSTRIAL BUSINESS INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 450277 SUNRISE FL 33345-0277	P.O. BOX 450277 SUNRISE FL 33345-0277

2. Principal Place of Business	3. Mailing Address
9826 NW 26th ST	9826 NW 26th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1030997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, DON ESQ. 9050 PINES BLVD. SUITE 450-F PEMBROKE PINES FL 33024	Name: LEONARDO ZUNIGA Street Address (P.O. Box Number is Not Acceptable) 19826 NW 26th Street City: Sunrise FL Zip Code: 33322

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: by - Leonardo Zuniga 4-7-03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZUNIGA, LEONARDO P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALCANTARA, SONIA P.O. BOX 450277 SUNRISE FL 33345-0277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE ZUNIGA, ISABLE PASOS P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOSA, ANGEL P.O. BOX 450277 SUNRISE FL 33345-0277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: by-Sleonardo Zuniga REQUIRED 4-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #