

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90030 006 ***150.00

DOCUMENT # P0000068768
 1. Entity Name
 IBEC OF FLORIDA, INC.



Principal Place of Business Mailing Address
~~999 PONCE DE LEON BLVD. #715 CORAL GABLES, FL 33134~~
 999 PONCE DE LEON BLVD. #715 CORAL GABLES, FL 33134

94020795



2. Principal Place of Business 3. Mailing Address
 2600 Douglas Road 2600 Douglas Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PH 6 PH 6
 City & State City & State
 Coral Gables, FL Coral Gables, FL
 Zip Country Zip Country
 33134 US 33134 US

02042004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1034026 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 PADIAL, JOSE I
 999 PONCE DE LEON #715 CORAL GABLES, FL 33134
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2600 Douglas Road
 PH 6
 City Coral Gables FL Zip Code 33134

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]* Jose I. Padial registered agent DATE 2/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P LOPES, DIRCEO DIRCEO <input type="checkbox"/> Delete 999 PONCE DE LEON #715 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dirceo Lopes 2600 Douglas Road PH 6 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPES, SANDRA <input type="checkbox"/> Delete 999 PONCE DE LEON #715 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Douglas Road PH 6 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 2/20/04 (305) 443-8010
Signature and typed or printed name of signing officer or director Date Daytime Phone #