
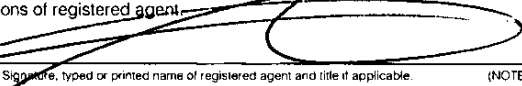


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 023 ***150.00

DOCUMENT # P00000088424 1. Entity Name FIB MANAGEMENT, INC.					
Principal Place of Business 5035 S.W. 113TH AVE MIAMI, FL 33165			Mailing Address 5035 S.W. 113TH AVE MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # 2555 Ponce de Leon Blvd Suite, Apt. #, etc. 330		3. Mailing Address P.O. Box 141516 Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Country USA		Zip 33114	
Country USA		4. FEI Number 65-1041206			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE CORCHO, BLANCA P 5035 S.W. 113TH AVE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Jose Peret de Corcho Street Address (P.O. Box Number is Not Acceptable) 2555 Ponce de Leon Blvd 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  Jose Peret de Corcho 1/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	PSD DE CORCHO, BLANCA P 5035 S.W. 113TH AVE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 Ponce de Leon Blvd. Suite 330 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 checked="" type="checkbox"/> Addition V.P. Jose Peret de Corcho 2555 Ponce de Leon Blvd Suite 330 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 checked="" type="checkbox"/> Addition SEC Ryan Colon 2555 Ponce de Leon Blvd Suite 330 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Blanca Perez de Corcho Jose Peret de Corcho 1/8/08 305-441-9932 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					