

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095737

Entity Name: IVOROB, INC.

FILED
May 12, 2006
Secretary of State

Current Principal Place of Business:

28909 S.DIXIE HWY
LEISURE CITY, FL 33033 US

New Principal Place of Business:

27317 S.DIXIE HWY
LEISURE CITY, FL 33033 US

Current Mailing Address:

28909 S.DIXIE HWY
LEISURE CITY, FL 33033 US

New Mailing Address:

27317 S.DIXIE HWY
LEISURE CITY, FL 33033 US

FEI Number: 65-1050219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, MARCO A
304 MAINE PLACE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, MARCO A
Address: 28909 S.DIXIE HWY
City-St-Zip: LEISURE CITY, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORALES, MARCO A
Address: 27317 S.DIXIE HWY
City-St-Zip: LEISURE CITY, FL 33032 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCO MORALES

PD

05/12/2006

Electronic Signature of Signing Officer or Director

Date