

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/29

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90341 045 \*\*\*150.00

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04262004 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                              |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000066014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                 |                                                                                                              |  |                                                                              |
| 1. Entity Name<br>IBEFACA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                              |                                                                                   |                                                                              |
| Principal Place of Business<br>7225 NW 25 ST #319<br>MIAMI, FL 33122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                 | Mailing Address<br>7225 NW 25 ST #319<br>MIAMI, FL 33122                                                     |                                                                                   |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                 | 3. Mailing Address                                                                                           |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                 | Suite, Apt. #, etc.                                                                                          |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                 | City & State                                                                                                 |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                               | Zip                             | Country                                                                                                      | 4. FEI Number<br>65-1119801                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                              | Applied For<br>Not Applicable                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                 |                                                                                                              | \$8.75 Additional Fee Required                                                    |                                                                              |
| 5. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                              | 7. Name and Address of New Registered Agent                                       |                                                                              |
| FIGUEROA, IVAN RICARDO<br>7225 NW 25 ST #319<br>MIAMI, FL 33122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                 |                                                                                                              |                                                                                   |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                 | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>FIGUEROA, IVAN RICARDO<br>7225 NW 25 ST #319<br>MIAMI, FL 33122 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | Vicepresident<br>Rodriguez, Barbara<br>7225 NW 25 ST #319<br>Miami, FL - 33122    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Ivan Figueroa</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 | 05/28/2004 305-7173437                                                                                       |                                                                                   |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                 | Date Daytime Phone #                                                                                         |                                                                                   |                                                                              |