2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072259

1. Entity Name

INDUSTRIAL BUSINESS SOLUTIONS INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90102 039 ***150.00

| WE TE | |
|---|---|
| Principal Place of Business Mailing Address 7370 NW 36 STREET #325G 7370 NW 36 STREET #325G MIAMI FL 33166 MIAMI FL 33166 | |
| | |
| 2. Principal Place of Business Same As Above Suite, Apt. #, etc. 3. Mailing Address Same As Above Suite, Apt. #, etc. | |
| Suite, Apt. III, Ste. | CHECK HERE IF MAKING CHANGES |
| City & State City & State 4. FEI No. | 65-1123871 Applied For Not Applicable |
| Zip Country Zip Country 5. Certifi | cate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name | and Address of New Registered Agent |
| Name See See See See See See See See See S | ** |
| CUELI, ALFREDO Street Address (P.O. Box Nu | ımber is Not Acceptable) |
| 7370 NW 36 STREET #325G | |
| MIAMI FL 33166 City | FL Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, o | |
| the above named entity addition in the purpose of changing its registered office of registered agent, of the obligations of registered agent. | don't, in the State of Florida. Fan Farmar with, and decept |
| SIGNATURE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating | g) DATE |
| FILE NOW!!! FEE IS \$150.00 | |
| After May 1, 2003 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | Trust Fund Contribution. Added to Fees |
| Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | · · · · · · · · · · · · · · · · · · · |
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12. I hereby certify that the information supplied with this filling 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:



(305) 477-4960 Daytime Phone #