

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


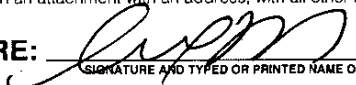
**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90067 006 \*\*\*158.75

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03012005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000020494</b>			
1. Entity Name IBUARO INVESTMENTS INC.			
Principal Place of Business 8775 SW 92ND NO. ST. APT. #8 MIAMI, FL 33176		Mailing Address 8775 SW 92ND NO. ST. APT. #8 MIAMI, FL 33176	
2. Principal Place of Business 1316 SW 80 ST. PLAZA Suite, Apt. # etc. 288		3. Mailing Address 1316 SW 80 ST. PLAZA Suite, Apt. # etc. 288	
City & State Miami, FL		City & State Miami, FL	
Zip 33143	Country USA	Zip 33143	Country USA
4. FEI Number 02-0567058		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARGO, LIZETTE Y 8775 SW 92ND NO. ST. APT. #8 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	PVST CAMARGO, LIZETTE Y 8775 SW 92ND NO. ST. #8 MIAMI, FL 33176 <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
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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: 		03/01/05 (786) 306 9092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	