

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000044365

FILED  
Oct 09, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL BUSINESS MANAGEMENT CONSULTANTS,INC.

**Current Principal Place of Business:**

500 BAY VIEW DRIVE  
SUITE 220  
SUNNY ISLES, FL 331604748 US

**New Principal Place of Business:**

500 BAYVIEW DRIVE  
SUITE 220  
SUNNY ISLES, FL 33160 US

**Current Mailing Address:**

500 BAY VIEW DRIVE  
SUITE 220  
SUNNY ISLES, FL 331604748 US

**New Mailing Address:**

500 BAYVIEW DRIVE  
SUITE 220  
SUNNY ISLES, FL 33160 US

**FEI Number:** 01-0607099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MINONES, CLAUDIO A SENIOR  
500 BAY VIEW DRIVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

MINONES, CLAUDIO A PA  
500 BAYVIEW DRIVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160 US

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: MINONES, CLAUDIO A

10/09/2009

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 ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MINONES, CLAUDIO A SENIOR  
Address: 500 BAYVIEW DRIVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRE (X) Change ( ) Addition  
Name: MINONES, CLAUDIO A PA  
Address: 500 BAYVIEW DRIVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify 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: MINONES, CLAUDIO A.

PRE

10/09/2009

Electronic Signature of Signing Officer or Director

Date