


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000046351 1. Entity Name INBRANDS CORP.		
Principal Place of Business 7225 NW 25 STREET 310 MIAMI, FL 33122		Mailing Address 7225 NW 25 STREET 310 MIAMI, FL 33122
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAUR, ROBERT 7225 NW 25 STREET 310 MIAMI, FL 33122		DO NOT WRITE IN THIS SPACE
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: <u><i>R. Baur</i></u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	BAUR, ROBERT	
STREET ADDRESS	7225 NW 25 STREET	
CITY - ST - ZIP	MIAMI, FL 33122	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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><i>R. Baur</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04/29/04</u> <u>786 336 0110</u> <small>Date Daytime Phone #</small>



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0675795	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000155348
05/05/04-80032-025 150.00

**DO NOT WRITE
IN THIS SPACE**