

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 012 ***150.00

DOCUMENT # P02000058265					
1. Entity Name IBRON CORPORATION					
Principal Place of Business 4750NW 10 CT 208 PLANTATION, FL 33013			Mailing Address 3725 SOUTH OCEAN DR., STE. 307 HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box # 9963 Nob Hill ct ct		3. Mailing Address 9963 Nob Hill ct ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 03-0465269	
Zip 33351		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERONJA, RAUL 3725 SOUTH OCEAN DR., STE. 307 HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9963 Nob Hill ct ct City Surprise FL Zip Code 33351		
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: DATE: 3/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERONJA, RAUL 3725 SOUTH OCEAN DR., STE. 307 HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9963 Nob Hill ct ct Sunrise, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STUBANK, ANA M 3725 SOUTH OCEAN DR., STE. 307 HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9963 Nob Hill ct ct Sunrise, FL 33351	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE: 3/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40061500



03232007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

Zip Code
33351

DATE
3/23/07

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #