
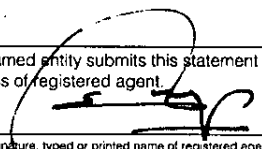
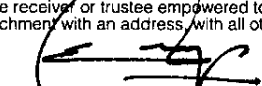


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91238 026 \*\*\*150.00

|  |                        |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
|--|------------------------|---|--|---|---------------------------------|------|-----------------|--|----------------|--------------------|--|---------------|------------------------|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # P02000067900</b><br>1. Entity Name<br><b>INTERNATIONAL GENERAL BUSINESS CORP.</b>  |                        |   |  |  |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>6595 NW 36 ST<br/>STE #301<br/>MIAMI, FL 33166</b>   |                        |   | Mailing Address<br><b>315 NAVARRE AVE<br/>APT #9<br/>CORAL GABLES, FL 33134</b>  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business<br><b>315 Navarre Ave</b>   |                        |   | 3. Mailing Address<br><b>315 Navarre Ave</b>   |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Suite, Apt. #, etc.<br><b>#9</b>   |                        |   | Suite, Apt. #, etc.<br><b>#9</b>   |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| City & State<br><b>Coral Gables, FL</b>  |                        |   | City & State<br><b>Coral Gables, FL</b>  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Zip<br><b>33134</b>  |                        | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>30-0088511</b>  |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                        |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><b>BURGOS, EDUARDO<br/>315 NAVARRE AVE<br/>APT #9<br/>CORAL GABLES, FL 33134</b>  |                        |   | 7. Name and Address of New Registered Agent<br>Name <b>Burgos, Eduardo</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>315 Navarre Ave Apt #9</b><br>City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b> |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____  |                        |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURGOS, EDUARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>315 NAVARRE AVE #9</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>   |                        |   | TITLE  | P   | <input type="checkbox"/> Delete | NAME | BURGOS, EDUARDO |  | STREET ADDRESS | 315 NAVARRE AVE #9 |  | CITY- ST- ZIP | CORAL GABLES, FL 33134 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
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| NAME   | BURGOS, EDUARDO        |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   | 315 NAVARRE AVE #9     |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  | CORAL GABLES, FL 33134 |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
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| 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:    |                        |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____  |                        |   |  |   |                                 |      |                 |  |                |                    |  |               |                        |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |