


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90100 007 \*\*\*150.00

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<b>DOCUMENT # P02000067900</b> 1. Entity Name <b>INTERNATIONAL GENERAL BUSINESS CORP.</b>			
Principal Place of Business <b>315 NAVARRE AVE SUITE #9 CORAL GABLES, FL 33134 US</b>		Mailing Address <b>315 NAVARRE AVE APT #9 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <i>1700 South Douglas Rd 45</i>		3. Mailing Address <i>1700 S. Douglas Rd 45</i>	
Suite, Apt. #, etc. <i>45</i>		Suite, Apt. #, etc. <i>45</i>	
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>	
Zip <i>33134</i>		Zip <i>33134</i>	
Country US		Country US	
4. FEI Number <b>30-0088511</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BURGOS, EDUARDO 315 NAVARRE AVE APT #9 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <i>Burgos, Eduardo</i> Street Address (P.O. Box Number is Not Acceptable) <i>1700 S. Douglas Rd 45</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN VI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, EDUARDO <input type="checkbox"/> Delete 315 NAVARRE AVE #9 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Burgos, Eduardo</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1700 S. Douglas Rd 45</i> <i>Coral Gables, FL 33134</i>
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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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	