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Secretary of State
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000080969

1. Entity Name
INVERSIONES IVANCAR'S CORP.

66431047

07012004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11208 NW 56TH STREET MIAMI, FL 33178	11208 NW 56TH STREET MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 760705841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOMIAK, MARTHA 11208 NW 56TH STREET MIAMI, FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, if changing registered agent | Date | (If changing Registered Agent, signature required from old agent)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOMIAK, MARTHA 11208 NW 56TH STREET MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Attachment
66431647

Inversiones Ivancars Corp.

11208 NW 56th Street, Miami, Florida 33178-3870

July 10, 2004

Mr. Sean Toner
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6198

SUBJECT : Inversiones Ivancar's,Corp..
Document # P02000080969

Dear Sir:

Enclosed please find the revised corporate form that includes the TIN information that was required by your office.

We are sure this revised document will resolve the matter related to your intention of dissolving our corporation for missing that information.

Should you need additional information to this regard, please do not hesitate to contact immediately our accounting firm Accounting and Tax Practice, Inc. at (305) 275-0877 or myself at (305) 305-206-3762.

Martha Chomiak, President

Enclosure