2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2004 90478 035 ***150.00

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04 MAY 28 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44045216

05062004 Chg-P CR2E034 (10/03) 04

DOCUMENT # P02000083604

1. Entity Name
INTEGRATED EBUSINESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5811 MEMORIAL HWY STE 102 TAMPA, FL 33615	5811 MEMORIAL HWY STE 102 TAMPA, FL 33615

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 81-0598299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARZBAN, ALI
5811 MEMORIAL HWY
STE 102
TAMPA, FL 33615

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P MARZBAN, ALI 5811 MEMORIAL HWY STE 102 TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Marzban, ALi 5811 Memorial Hwy STE 102 Tampa, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO MARZBAN, SAEID 5811 MEMORIAL HWY STE 102 TAMPA, FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Buchholtz, Kim 5811 Memorial Hwy Ste 102 Tampa, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO POLO, MARTIN 5811 MEMORIAL HWY STE 102 TAMPA, FL 33615	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CIO Akbarpour, Jay 5811 Memorial Hwy Ste 102 Tampa, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CIO MARZBAN, MASOUD 5811 MEMORIAL HWY STE 102 TAMPA, FL 33615	☑ 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
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: AL Marzban 5/1/04 813-886-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B