


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 005 ***150.00


DOCUMENT # P02000102037

1. Entity Name
IBANA VILLASENOR, INC.



Principal Place of Business Mailing Address
5571 N WINSTON PARK BLVD #306 **5571 N WINSTON PARK BLVD #306**
COCONUT CREEK, FL 33073 **COCONUT CREEK, FL 33073**

54065496



07092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
74 PALAMINO Circle **74 PALAMINO Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boca Raton, FL **Boca Raton, FL**
 Zip Country Zip Country
33487 **Palm beach** **33487** **Palm beach**

4. FEI Number Applied For
46-0503531 Not Applicable

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

6. Name and Address of Current Registered Agent
VILLASENOR, IBANA
5571 N WINSTON PARK BLVD #306
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent
 Name
IBANA VILLASENOR
 Street Address (P.O. Box Number is Not Acceptable)
74 PALAMINO Circle
 City State Zip Code
Boca Raton **FL** **33487**

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: *IB Villaseenor* 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VILLASENOR, IBANA	
STREET ADDRESS	5571 N. WINSTON PARK BLVD 306	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLASENOR IBANA	
STREET ADDRESS	74 PALAMINO Circle	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *IB Villaseenor* Date: 27/12/04 Daytime Phone #: 561 2419087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR