




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108240			
1. Entity Name IBO MANAGEMENT, INC.			
Principal Place of Business 1172 SOUTH DIXIE HWY 196 CORAL GABLES, FL 33146 US		Mailing Address 1172 SOUTH DIXIE HWY 196 CORAL GABLES, FL 33146 US	
DO NOT WRITE IN THIS SPACE			
		 02152006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 82-0563837	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERVAIS, JEAN W 1172 SOUTH DIXIE HWY 196 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERVAIS, JEAN W 1172 S. DIXIE HWY, STE. 196 CORAL GABLES, FL 33146		
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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.		 U00000437821 02/28/06-80063-013 150.00 DO NOT WRITE IN THIS SPACE	
SIGNATURE: 		X2-15-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	