

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90006 012 \*\*\*150.00

**DOCUMENT # P03000058199**

1. Entity Name  
**IBACH'S FAUX FINISHING, INC.**



Principal Place of Business  
4333 SE 13 COURT STE J-206  
DEERFIELD BEACH, FL 33441

Mailing Address  
4333 SE 13 COURT STE J-206  
DEERFIELD BEACH, FL 33441

**44046589**



2. Principal Place of Business  
**3001 NW 4th Terrace**

3. Mailing Address  
**3001 NW 4th Terrace**

Suite, Apt. #, etc.  
**Apt #190**

Suite, Apt. #, etc.  
**Apt #190**

03272003 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach FL**

City & State  
**Pompano Beach FL**

4. FEI Number  
**57-1169288**

Applied For  
Not Applicable

Zip  
**33064**

Country  
**USA**

Zip  
**33064**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
IBACH, MATTHEW R  
4333 SE 13 COURT STE J-206  
DEERFIELD BEACH, FL 33441  
*Just 433*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
IBACH, PAULA C  
4333 SE 13 COURT STE J-206  
DEERFIELD BEACH, FL 33441  
*Just 433*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3001 NW 4th Terrace (Apt 190)**  
**Pompano Beach FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3001 NW 4th Terrace (Apt 190)**  
**Pompano Beach FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Matthew R. Ibach* **Matthew Ibach** **6/4/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #