


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90088 047 ***150.00

40040004

DOCUMENT # P03000058199 1. Entity Name IBACH'S FAUX FINISHING, INC.	
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DO NOT WRITE IN THIS SPACE

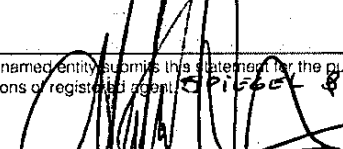
2. Principal Place of Business 3001 NW 4th Terrace Suite, Apt. #, etc. Apt. #190 City & State Pompano Beach, FL 33064 Zip 33064	3. Mailing Address the same Suite, Apt. #, etc. City & State City & State Zip Country
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4. FEI Number 57-1169288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street	
	City Miami	Zip Code 33145

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. SPIEGEL & UTRERA, P.A. SIGNATURE  By: Natalia Utrera, Vice President 2/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	PSD Matthew R. Ibach 3001 NW 4th Terr., Pompano Beach, FL 33064	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD Paula C. Ibach 3001 NW 4th Terr., Pompano Beach, FL 33064	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Matthew R. Ibach** **2-28-05** **954 815 4517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)