## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 25, 2005 08:00 AM DOCUMENT # P03000066072 **Secretary of State** 1. Entity Name I & B UNLIMITED INC. Principal Place of Business Mailing Address 14241 SW 46TH TERR 14241 SW 46TH TERR MIAMI, FL 33175 MIAMI, FL 33175 03232005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARANDIARAN, ISABEL DO NOT WRITE 14241 SW 46TH TERR MIAMI, FL 33175 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000276521 03/25/05-80042-008 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BARANDIARAN, ISABEL NAME 14241 SW 46TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 BARANDIARAN, GUILLERMO NAME 14241 SW 46TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 tipe receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, SIGNATURE: \_

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**