



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90754 001 ***150.00

DOCUMENT # P03000142376					
1. Entity Name IBS INTERNATIONAL BUSINESS SERVICES, INC.					
Principal Place of Business C/O SOFTEC, INC. P. O. BOX 327415 SOUTHWEST RANCHES, FL 33332 US			Mailing Address C/O SOFTEC, INC. P. O. BOX 327415 SOUTHWEST RANCHES, FL 33332 US		
2. Principal Place of Business 860 NW 86 Ave Suite, Apt. #, etc. #602		3. Mailing Address P.O. Box 15885 Suite, Apt. #, etc.			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 56-2420129	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOFTEC, INC 20240 SW 50 PLACE FORT LAUDERDALE, FL 33332			7. Name and Address of New Registered Agent Name: LUTZ SCHMIDT Street Address (P.O. Box Number is Not Acceptable): 860 NW 86th Ave #602 City: Plantation FL Zip Code: 33324		
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: <i>[Signature]</i> LUTZ SCHMIDT DATE: 04/28/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: President NAME: Lutz Schmidt STREET ADDRESS: 860 NW 86 Ave #602 CITY-ST-ZIP: Plantation, FL 33324			TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 file empowered.					
SIGNATURE: <i>[Signature]</i> LUTZ SCHMIDT, President 04/28/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					