2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143598

1. Entity Name
IBIZA PROPERTIES INC.

24068562

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131

2. Principal Place of Business		**3.** Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
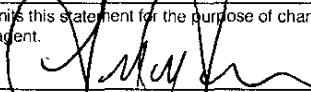
03172004   Chg-P   CR2E034 (10/03)

4. FEI Number 20-1044537   ☐ Applied For ☐ Not Applicable

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

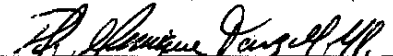| **6.** Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	Name *Transglobal Corporate Administration LLC* Street Address (P.O. Box Number is Not Acceptable) *520 Brickell Key Drive Ste O-305* City *Miami* FL *33131*

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_____   DATE *4/18/04*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAVARES DE MELO, PAULO H		NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE O-305		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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: _____ *Paulo H. Tavares De Melo* *2/24/04* (305)374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #