2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132976

Entity Name: INBIAMONCA CORPORATION

FILED May 18, 2006 Secretary of State

Littly Nam	IE. INDIAMON	ICA CORFORATION			
Current Principal Place of Business:			New Principal Place	of Business:	
8939 SW 36 MIAMI, FL 3					
Current Mailing Address:			New Mailing Addres	ss:	
8939 SW 36 MIAMI, FL 3					
FEI Number:	20-1688796	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
8939 SW 36 MIAMI, FL 3	33165 US	uhmits this statement for the r	ournose of changing its registers	ed office or registered agent, or both,	
in the State		abilitis tilis statement for the p	ourpose of changing its registere	of office of registered agent, or bottly	
SIGNATURE:					
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () PRADA, DIEGO 13953 SW 66 ST MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PORTILLA, FER 8939 SW 36 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO PORTILLA VP 05/18/2006