

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133300

Entity Name: IBOO, INC.

FILED  
Apr 22, 2007  
Secretary of State

**Current Principal Place of Business:**

12000 N BAYSHORE DR STE #306  
N MIAMI, FL 33181

**New Principal Place of Business:**

1935 ALAMANDA DRIVE  
N MIAMI, FL 33181

**Current Mailing Address:**

12000 N BAYSHORE DR STE #306  
N MIAMI, FL 33181

**New Mailing Address:**

1935 ALAMANDA DRIVE  
N MIAMI, FL 33181

FEI Number: 20-1679251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY ROY  
297 SUNNY ISLES BLVD  
SUNNY ISLES BCH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOLTO-MITCHELL, FERNANDO  
Address: 12000 N BAYSHORE DR STE #306  
City-St-Zip: N MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOLTO-MITCHELL, FERNANDO  
Address: 1935 ALAMANDA DRIVE  
City-St-Zip: N MIAMI, FL 33181

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 MOLTO-MITCHELL

D

04/22/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date