## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000140732

Entity Name: INTERNATIONAL BR, CORP.

FILED Oct 14, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
9753 S ORANGE BLOSSOM TRAIL SUITE 209				1087 SOUTH HIAWASSEE RD APT 424		
ORLANDO, FL 32837					, FL 32835	US
Current Mailing Address:				New Mailing Address:		
9753 S ORANGE BLOSSOM TRAIL SUITE 209				1087 SOUTH HIAWASSEE RD APT 424		
	ORLANDO, FL 32837			ORLANDO, FL 32835 US		
FEI Number:	20-1729346	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SARTORI, CESAR A 9753 S ORANGE BLOSSOM TRAIL SUITE 209 ORLANDO, FL 32837 US				SARTORI, CESAR A 1087 SOUTH HIAWASSEE RD APT 424 ORLANDO, FL 32835 US		
The above in the State		ubmits this statement for the p	urpose o	f changing it	ts registered	office or registered agent, or both,
SIGNATURE: CESAR SARTORI				10/14/2005		
Electronic Signature of Registered Agent				Date		
Election Can		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive t	•		S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () SARTORI, AROI AV IPIRANGA 69	Delete .DO		Title: Name: Address: City-St-Zip:		) Change ()Addition
Title: Name: Address: City-St-Zip:	SARTORI, ELISA AV IPIRANGA 68			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address:	SARTORI, CESA AV IPIRANGA 65			Title: Name: Address: City-St-Zin:	SARTORI, CE	HIAWASSEE RD APT 424

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AROLDO SARTORI P 10/14/2005