2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# P04000159804

Entity Name: INTERNATIONAL AGGREGATES BERMUDA CORPORATION

Current Principal Place of Business:

540 CYPRESS POINTE DR EAST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

540 CYPRESS POINTE DR EAST
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-2067189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, LISA
540 CYPRESS POINTE DR EAST
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

GARCIA, ALFONSO
540 CYPRESS POINTE DR EAST
PEMBROKE PINES, FL 33027 US

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: ALFONSO GARCIA 05/18/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: BERTOLIN, GIANCARLO
Address: 540 CYPRESS POINTE DR EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Delete
Name: TRELEAVEN, ALEX
Address: 540 CYPRESS POINTE DR EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FERDINAND, OSSENDORP
Address: 540 CYPRESS POINTE DR. EAST
City-St-Zip: PEMPROKE PINES, FL 33027

Title: DS ( ) Change (X) Addition
Name: GARCIA, ALFONSO
Address: 540 CYPRESS POINTE DR. EAST
City-St-Zip: PEMBROKE PINES, FL 33027

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: GIANCARLO BERTOLIN P 05/18/2005
Electronic Signature of Signing Officer or Director Date