

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000159804

FILED
May 31, 2005
Secretary of State

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:

5845 COLLINS AVENUE
203
MIAMI BEACH, FL 33140

Current Mailing Address:

540 CYPRESS POINTE DR EAST
PEMBROKE PINES, FL 33027

New Mailing Address:

5845 COLLINS AVENUE
203
MIAMI BEACH, FL 33140

FEI Number: 20-2067189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

IBARRA, ROBERTO
5845 COLLINS AVENUE
203
MIAMI BEACH, FL 33140 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: ROBERTO IBARRA

05/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERTOLIN, GIANCARLO
Address: 5845 COLLINS AVENUE, # 203
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change () Addition
Name: TRELEAVEN, ALEX
Address: 5845 COLLINS AVENUE, # 203
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS (X) Change () Addition
Name: BERTOLIN, GIANCARLO
Address: 5845 COLLINS AVENUE, # 203
City-St-Zip: MIAMI BEACH, FL 33140

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

05/31/2005

Electronic Signature of Signing Officer or Director

Date