2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013187

Entity Name: I.B.C.C. CORP.

FILED Aug 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7241 NW 174 TER UNIT 203 5101 NW 115TH CT MIAMI LAKES, FL 33015 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

7241 NW 174 TER UNIT 203 5101 NW 115TH CT MIAMI LAKES, FL 33015 DORAL, FL 33178

FEI Number: 20-4254908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LLUBERES, CARLOS LLUBERES, CARLOS 7241 NW 174 TER UNIT 203 5101NW 115TH CT US MIAMI LAKES, FL 33015 DORAL, FL 33178

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: LLUBERES CARLOS 08/19/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LLUBERES, CARLOS LLUBERES, CARLOS Name: Name: 5101NW 115TH CT 7241 NW 174 TER UNIT 203 Address: Address: DORAL, FL 33178 City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip:

Title: Title: () Delete (X) Change () Addition CONTRERAS, INGRID Name:

CONTRERAS, INGRID Name: 7241 NW 174 TER UNIT 203 5101NW 115TH CT Address: Address: MIAMI LAKES, FL 33015 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

LLUBERES, MIGUEL Name: LLUBERES, MIGUEL Name: 7241 NW 174 TER UNIT 203 5101NW 115TH CT Address: Address: City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: LLUBERES CARLOS 08/19/2007