

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000017592

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** INTERNET BUSINESS SOLUTIONS INC

**Current Principal Place of Business:**

11728 SUMMER SPRINGS DR  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

715 PROVIDENCE TRACE CIRCLE  
204  
BRANDON, FL 33511

**Current Mailing Address:**

11728 SUMMER SPRINGS DR  
RIVERVIEW, FL 33579

**New Mailing Address:**

715 PROVIDENCE TRACE CIRCLE  
204  
BRANDON, FL 33511

**FEI Number:** 26-2037329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIFAN, IGOR N  
11728 SUMMER SPRINGS DR  
RIVERVIEW, FL 33579 US

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

MACARI, CONSTANTIN  
715 PROVIDENCE TRACE CIRCLE  
204  
BRANDON, FL 33511 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:** CONSTANTIN MACARI

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** TRIFAN, IGOR N  
**Address:** 11728 SUMMER SPRINGS DR  
**City-St-Zip:** RIVERVIEW, FL 33579

**Title:** VP  
**Name:** MACARI, CONSTANTIN JR  
**Address:** 715 PROVIDENCE TRACE CIRCLE #204  
**City-St-Zip:** BRANDON, FL 33511

**Title:** P  
**Name:** VAUGHAN, ANDREW J  
**Address:** 111 MONTVIEW WAY  
**City-St-Zip:** CENTERVILLE, GA 31028

I hereby 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 all other like empowered.

**SIGNATURE:** CONSTANTIN MACARI

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date