

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000066382

FILED
Dec 08, 2009
Secretary of State

Entity Name: INTERNATIONAL BUSINESS ADVISORS INC

Current Principal Place of Business:

2633 TIGER TAIL AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

3143 SHIPPING AVE
MIAMI, FL 33133

Current Mailing Address:

2633 TIGER TAIL AVE
COCONUT GROVE, FL 33133

New Mailing Address:

3143 SHIPPING AVE
MIAMI, FL 33133

FEI Number: 36-4638759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALUF, MUNIR
2633 TIGER TAIL AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MALUF, MUNIR
3143 SHIPPING AVE
MIAMI, FL 33133 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: MUNIR MALUF

12/08/2009

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: PSD () Delete
Name: MALUF, MUNIR
Address: 2633 TIGER TAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: VILLAVECES, ANA SOFIA
Address: 2633 TIGER TAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MALUF, MUNIR
Address: 3143 SHIPPING AVE
City-St-Zip: MIAMI, FL 33133

Title: SD (X) Change () Addition
Name: VILLAVECES, ANA SOFIA
Address: 3143 SHIPPING AVE
City-St-Zip: MIAMI, FL 33133

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.

SIGNATURE: MUNIR MALUF

PSD

12/08/2009

Electronic Signature of Signing Officer or Director

Date