


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90146 004 ***150.00

DOCUMENT # P94000091795

1. Entity Name
IVES NORTH, INC.



Principal Place of Business Mailing Address

1400 N.W. 107 AVE. 1400 N.W. 107 AVE.
 5TH FLOOR 5TH FLOOR
 MIAMI, FL 33172 MIAMI, FL 33172

14021000

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LEVY, JOEL
 1400 NW 107TH AVENUE
 5TH FLOOR
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

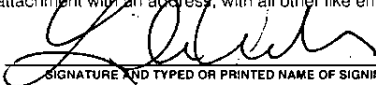
10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 N.W. 107TH AVE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	EVAS	<input type="checkbox"/> Delete
NAME	LEVY, JOEL	
STREET ADDRESS	1400 N.W. 107TH AVE., 5TH FLOOR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ADLER, LINDA	
STREET ADDRESS	1400 NW 107 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ARRIZURIETA, LUIS	
STREET ADDRESS	1400 NW 107 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/EV/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Linda K. Adler**
 Asst. Secy. 4/27/04 305-392-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #