## **2006 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # P95000010525

1. Entity Name

INTERNATIONAL BANKERS CONSULTING GROUP, INC.



FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

2828 CORAL WAY

SUITE 100 MIAMI, FL 33145 Mailing Address

2828 CORAL WAY SUITE 100

MAMI, FL 33145

Harry Contract 1892 - 1883 - 18



01172006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

LEON, ANGEL 2828 CORAL WAY SUITE 100

## DO NOT WRITE IN THIS SPACE

| iviizaivii, i L   | 55145  | 4  |          |                                |   |                     |                       |
|---|--|--|----------|--------------------------------|---|---------------------|-----------------------|
|   | named entity submits this statement for the plans of registered agent. | ourpose of changing its registered office                | or res   | gistered agent, or b           | oth, in the State of F                      | forlda. I am fami   | llar with, and accept |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title         | depplicable. (NOTE, Registered Agent signs               | atura re | rquired when reinstating)      | <del>, ,</del>                              | DATE                |                       |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Financing     Trust Fund Contribution. | J        | \$5.00 May Be<br>Added to Fees | UUUUUN<br> -80\01\25                        | 111913<br>30024-823 | 150.00                |
| 10.   | OFFICERS AND DIREC   | TORS   |          |                                |   |                     |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>LEON, ANGEL<br>4765 N. BAY RD.<br>MIAMI BEACH, FL 33140           | _  | ·        | . 4                            | er i de |                     |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |          |                                | · · · · · · · · · · · · · · · · · · ·       | 1                   |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |          | DO                             | NOT V                                       | VRITE               |                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |          | IN                             | THIS S                                      | PACE                |                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | ,  |          | and a second                   | ~ 154 .<br>-                                | :                   |                       |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath, 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 improvered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06