

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P95000039273**

1. Entity Name  
INTERNATIONAL MASTER BUILDERS, INC.



Principal Place of Business

317R OCEAN AVENUE  
MELBOURNE BEACH, FL 32951

Mailing Address

317R OCEAN AVENUE  
MELBOURNE BEACH, FL 32951

**FILED**

**Jan 21, 2005 08:00 AM**  
**Secretary of State**



01052005 No Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0623328   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

VAUGHN, W J  
2007 S. MELBOURNE COURT  
MELBOURNE, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

U00000188976  
01/24/05-80078-001 150.00

**10. OFFICERS AND DIRECTORS**

**DO NOT WRITE  
IN THIS SPACE**

TITLE: PSTD  
NAME: PULCINI, TANYA  
STREET ADDRESS: 5951 NW 151ST STREET SUITE 100  
CITY-ST-ZIP: MIAMI LAKES, FL 33014

TITLE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/05 724-100  
Date Daytime Phone #