

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90045 026 \*\*\*150.00

**DOCUMENT # P95000041967**

**1. Entity Name**

**INTERNATIONAL BUSINESS ADVISORS, INC.**



**Principal Place of Business**

**C/O MARIA CARMELA BREMMER**  
**1201 N. FEDERAL HWY.**  
**DELRAY BEACH FL 33483**

**Mailing Address**

**C/O MARIA CARMELA BREMMER**  
**1201 N. FEDERAL HWY.**  
**DELRAY BEACH FL 33483**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**



MOORE

CR2E034 (11/03)

**4. FEI Number**  
**65-0585392**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**BREMMER, MARIA CARMELA**  
**1201 N. FEDERAL HWY.**  
**DELRAY BEACH FL 33483**

**Name**

**Kenneth Bremmer**

**Street Address (P.O. Box Number is Not Acceptable)**

**1201 N Federal Highway**

**City**

**Delray Beach**

**FL**

**Zip Code**

**33483**

**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 reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ **Delete**  
**NAME** **BREMMER, MARIA CARMELA**  
**STREET ADDRESS** **1201 N. FEDERAL HWY.**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33483**

**TITLE** **V** ☐ **Delete**  
**NAME** **BREMMER, KENNETH**  
**STREET ADDRESS** **% 1201 N. FEDERAL HWY.**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33483**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Delete**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **President, T.S.** ☒ **Change** ☐ **Addition**  
**NAME** **Bremmer, Kenneth**  
**STREET ADDRESS** **1201 N. Federal Highway**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X** **3/18/04** **X** **561 276-0029**