

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000080763

1. Entity Name

THE IBIS-JUMBO COMPANY



Principal Place of Business

520 HARBOR DRIVE
KEY BISCAYNE FL 33149-1707
US

Mailing Address

520 HARBOR DRIVE
KEY BISCAYNE FL 33149-1707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0641902

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

SLOTO, JAMES R ESQ.
SLOTO, GREENBERG & BERK, P.A.
200 S. BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 NAME	PD CARRAZANA, ALICIA M	☐ Delete
STREET ADDRESS	520 HARBOR DRIVE	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149-1707	
TITLE NAME	TD CARRAZANA, ENRIQUE A	☐ Delete
STREET ADDRESS	520 HARBOR DRIVE	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149-1707	
TITLE NAME	SD CARRAZANA, MARIA D	☐ Delete
STREET ADDRESS	520 HARBOR DRIVE	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149-1707	
TITLE NAME	VD CARRAZANA, ENRIQUE J	☐ Delete
STREET ADDRESS	520 HARBOR DRIVE	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149-1707	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	U00000439298	
CITY-STATE-ZIP	03/01/06-80041-004 163.75	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 (s) empowered.

ALICIA M. CARRAZANA--

SIGNATURE: *Alicia M. Carrazana*

FEBRUARY 03, 2006.- (305) 361-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)