

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90621 001 \*\*\*450.00

<b>DOCUMENT # P95000097870</b>	
1. Entity Name INTERNATIONAL BANCORP OF MIAMI, INC.	



Principal Place of Business 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134
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**66004711**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2678471	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALDES, ALBERTO T 121 ALHAMBRA PLAZA, PENTHOUSE 2 CORAL GABLES, FL 33134		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 reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SOLER, FRANCISCO A 2121 SOUTHWEST THIRD AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV POMA, RICARDO 2121 SOUTHWEST THIRD AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBADENEIRA, DIEGO 2121 SOUTHWEST THIRD AVENUE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, CARLOS J 2121 SOUTHWEST THIRD AVENUE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, ALBERTO 2121 SOUTHWEST THIRD AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PRESTAMO, ALBA 2121 SOUTHWEST THIRD AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 Alhambra Plaza, Penthouse 2 Coral Gables, Fl 33134

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 #