

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021801

Entity Name: IBD ASSOCIATES, INC.

FILED  
Mar 23, 2004  
Secretary of State

## Current Principal Place of Business:

602 ENCLAVE CIRCLE EAST  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

8683 TIERRA LAGO COVE  
LAKE WORTH, FL 33467

## Current Mailing Address:

602 ENCLAVE CIRCLE EAST  
PEMBROKE PINES, FL 33027

## New Mailing Address:

8683 TIERRA LAGO COVE  
LAKE WORTH, FL 33467

FEI Number: 65-0735405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FENSTER, ABE N  
602 SW 156 AVE  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

FENSTER, ABE N  
8683 TIERRA LAGO COVE  
LAKE WORTH, FL 33467 US

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.

SIGNATURE:

03/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FENSTER, ABE N  
Address: 602 SW 156TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FENSTER, ABE N  
Address: 8683 TIERRA LAGO COVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Change (X) Addition  
Name: RIBADA-FENSTER, EVA  
Address: 8683 TIERRA LAGO COVE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABE FENSTER

P

03/23/2004

Electronic Signature of Signing Officer or Director

Date