2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # P97000064975 05-03-2004 90442 040 ***150.00 1. Entity Name IBX GROUP, INC. Principal Place of Business Mailing Address 350 NW 12TH AVENUE 350 NW 12TH AVENUE 14016311 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US 2. Principal Place of Business 3. Mailing Address Jim Moran Blva 04292004 CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 65-0810941 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOM, JONATHAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD SUITE 117 BOCA RATON, FL 33431 Zip Code FI 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 SIGNATURE ιωίβ (NOTE: Registered Agent signature required when reinstating) Signature, typed o tered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TITLE ADELSTEIN, STEVEN NAME NAME . 350 NW 12TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE BROVENICK, EVAN NAME NAME 350 Jim Moran Blud STREET ADDRESS 350 NW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Change ☐ Addition VSD Delete TITLE TITLE BLECHMAN, DAVID NAME NAME 350 Jim Moran Blvd STREET ADDRESS 350 NW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH, FL 33442 Delete TITLE ☐ Change ☐ Addition TITLE NAME KANIUK, JEROLD NAME STREET ADDRESS 350 NW 12TH AVENUE STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME BROVENICK, ALVIN NAME 350 Jim Moran Blvd STREET ADDRESS 350 NW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP **☑** Delete ☐ Change ☐ Addition TITLE TITLE KANIÚK, JEROLD NAME STREET ADDRESS 350 NW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. er like en

FILED

Date

Daytime Phone #