FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004959

1. Entity Name
INTERNATIONAL PROJECTS GROUP, INC.

90061498

Principal Place of Business	Mailing Address
5112 NORTHWEST 79TH AVENUE SUITE 304 MIAMI, FL 33166	5112 NORTHWEST 79TH AVENUE SUITE 304 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
10464 NW 5 TER	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: FL
Zip: 33172 Country:	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0888147 ☐ 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
FABRE, CLAUDE A 5113 NW 79 AVE STE 304 MIAMI, FL 33166	Name: FABRE, CLAUDE A. Street Address (P.O. Box Number is Not Acceptable): 10464 NW 5 TER City: MIAMI FL Zip Code: 33172

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible] FILING FEE IS $150.00 [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ RAMIREZ, MANUEL E 5112 NORTHWEST 79TH AVENUE MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FABER, CLAUDE 5112 NORTHWEST 79TH AVENUE MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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] 3/19/03 305-271-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #