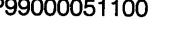
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000051100





## **FILED** Mar 24, 2003 8:00 am Secretary of State

IVANMA	R CORP.			03-24-2003 90233 013	***150.00	
Principal Place of Business 901 PONCE DE LEON BLVD. #501 CORAL GABLES FL 33134		Mailing Address 901 PONCE DE LEON BLVD. #501 CORAL GABLES FL 33134			. ·	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0924042	Applied For Not Applicable	
Zip	Country	Zip	Country		68.75 Additional	
<del></del>	6. Name and Address of Current F	legistered Agent= ===		7. Name and Address of New Registered A	gent	
			Name			
901 PON	), andres J NCE de Leon BLVD. #501 Gables FL 33134		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
COINE	ONDEES PE 33 134		City	FL	Zip Code	
8 The above	a named antitude basits this state and f		<u> </u>	tered agent, or both, in the State of Florida. i am far		
SIGNATURE F Afte	Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$		E: Registered Agent signature requi	DATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.						
	OFFICERS AND D	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTILLO, MARTHA 251 CRANDON BLVD., #736 KAY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHEME, IVAN 251 CRANDON BLVD., #736 KAY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	IRIONDO, ANDRES J 901 PONCE DE LEON BLVD, #501 CORAL GABLES FL 33134	- Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP	ertify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

indicated on this report or 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

SIGNATURE:

J. /RIONDO