

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 24, 2007
Secretary of State**

DOCUMENT# P99000095954

Entity Name: INTERNATIONAL BUSINESS & BROKERS INSURANCE, CORPORATION

Current Principal Place of Business:

1792 BELL TOWER LN
208
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266886
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0955515 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MONTOYA, LUISA GALOFRE
713 TANGLEWOOD CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONTOYA, LUISA GALOFRE
Address: 713 TANGLEWOOD CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: LUIS FERNANDO, MONTOYA
Address: 713 TANGLEWOOD CIRCLE
City-St-Zip: WESTON, FL 33327

Title: SEC () Delete
Name: MARGARITA, GALOFRE
Address: 1792 BELL TOWER LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: ULISES, GALOFRE
Address: 713 TANGLEWOOD CIRCLE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUISA GALOFRE MONTOYA

PD

12/24/2007

Electronic Signature of Signing Officer or Director

Date