FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90029 046 ***150.00

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23631

1. Entity Name
International Business Export Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
132 Wallnut Hall Cir.	P.O. Box 1699
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woodstock, GA	City & State: Woodstock, GA
Zip: 30189-4207 Country: USA	Zip: 30188-1393 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0237374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable): 7300 N.W. 19th St.
Suite 101
City: Miami FL Zip Code: 33126-1222

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $300.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Barona, Emilio
STREET ADDRESS	132 Wallnut Hall Cir.
CITY - ST - ZIP	Woodstock, GA 30189-4207
TITLE	D/S/T
NAME	de Barona, Alba L.
STREET ADDRESS	132 Wallnut Hall Cir.
CITY - ST - ZIP	Woodstock, GA 30189-4207
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Emilio Barona 5/23/05 678-494-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

STF FL#23631F.1