

2008

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 002 ***150.00

DOCUMENT # S23631
1. Entity Name International Business Export Corp.

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0237374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T/S Barona, Emilio 132 Walnut Hall Cir. Woodstock, GA 30189-4207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 4/30/08 678-494-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)