
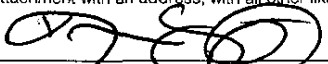


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
04 FEB -9 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # V28049</b> 1. Entity Name IBC OF ARIZONA, INC.					
Principal Place of Business 4940 W JEFFERSON PHOENIX, AZ 85043 US			Mailing Address 730 W. MCNAB ROAD FORT LAUDERDALE, FL 33309		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0327026</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SIROP, KEVIN 730 W. MCNAB ROAD FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEON, ELLMAN J <input type="checkbox"/> Delete 730 W MENAB RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. LEON ELLMAN 730 W. MCNAB ROAD FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BERK, ARTHUR J <input type="checkbox"/> Delete 730 W MCNAB RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300028661653</b> <b>02/12/04--01038--005 **1100.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST SIROP, KEVIN <input type="checkbox"/> Delete 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLMAN, NEIL <input type="checkbox"/> Delete 730 W. MCNAB RD FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLMAN, LANCE <input type="checkbox"/> Delete 730 W MCNAB ROAD FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Kevin Sirop <span style="float: right;">1/21/04</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">954-968-2333</span>		