2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 12, 2004 8:00 am Secretary of State **DOCUMENT # F00000004413** 01-12-2004 90003 037 ***150.00 1. Entity Name IROQUOIS CORP. Mailing Address Principal Place of Business 2200 44000064 301 YAMATO ROAD, SUITE-2215 301 YAMATO ROAD, SUITE 2215 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062004 Chg-P Suite 2200 Suite 2200 Applied For 4. FEI Number 98-0178988 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Paul Braica MERBAUM, NEAL Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD, SUITE 2200 te 2200 BOCA RATON, FL 33431 Zip Code 33431 BOCA Raton 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE BRAICA, PAUL NAME NAME STREET ADDRESS 301 YAMATO ROAD, SUITE 2200 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 City-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-7IP CITY-ST-ZIP ___ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

361-912-0825