

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

02-17-2004 90042 030 51.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004413

1. Entity Name
IROQUOIS CORP.



Principal Place of Business
301 YAMATO ROAD, SUITE 2200
BOCA RATON, FL 33431

Mailing Address
301 YAMATO ROAD, SUITE 2200
BOCA RATON, FL 33431



02022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0178988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRAGA, PAUL~~ **Twist, Edwin B.**
301 YAMATO ROAD, SUITE 2200
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Edwin B. Twist
Signature, typed or printed name of registered agent and fee if applicable

Edwin Twist Director
(NOTE: Registered Agent signature required when reinstating)

2/10/04
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME ~~BRAGA, PAUL~~
STREET ADDRESS ~~301 YAMATO ROAD, SUITE 2200~~
CITY-ST-ZIP ~~BOCA RATON, FL 33431~~

TITLE ☐ Change ☒ Addition
NAME **Twist, Edwin B.**
STREET ADDRESS **301 YAMATO ROAD, STE 2200**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: Edwin B. Twist
Signature and typed or printed name of signing officer or director

2/10/04
Date

561-241-0018
Daytime Phone #