


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002447
 1. Entity Name
 IR PINE CORP.



Principal Place of Business Mailing Address
 670 WHITE PLAINS RD SUITE #305 SCARSDALE, NY 10583 US
 670 WHITE PLAINS RD SUITE #305 SCARSDALE, NY 10583 US

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2757115 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE, FL 32301

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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAIDAD, RABINA
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	VP
NAME	SARTER, ALVIN
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	ST
NAME	VOGEL, THOMAS H
STREET ADDRESS	670 WHITE PLAINS ROAD, #305
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 09/02/04-80003-006 550.00
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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 reports 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: Thomas H. Vogel 8/31/04 914-722-4420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #