


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002447**

1. Entity Name  
 IR PINE CORP.



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

**DO NOT WRITE IN THIS SPACE**



01042005 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

**DO NOT WRITE IN THIS SPACE**

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

1100000232239  
 02/16/05-80054-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas H. Vogel      Date: 2/11/05      Daytime Phone #: 914-722-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR