

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002447

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: IR PINE CORP.

**Current Principal Place of Business:**

670 WHITE PLAINS RD  
SUITE #305  
SCARSDALE, NY 10583 US

**New Principal Place of Business:**

**Current Mailing Address:**

670 WHITE PLAINS RD  
SUITE #305  
SCARSDALE, NY 10583 US

**New Mailing Address:**

FEI Number: 13-2757115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAIDAD, RABINA  
Address: 670 WHITE PLAINS ROAD, #305  
City-St-Zip: SCARSDALE, NY 10583 US

Title: VP ( ) Delete  
Name: SARTER, ALVIN  
Address: 670 WHITE PLAINS ROAD, #305  
City-St-Zip: SCARSDALE, NY 10583 US

Title: ST ( ) Delete  
Name: VOGEL, THOMAS H  
Address: 670 WHITE PLAINS ROAD, #305  
City-St-Zip: SCARSDALE, NY 10583 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIDAD RABINA

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date