

16:48 EDT 05/05/2004 - Corporation Service Company

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Amended Report
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04 MAY -6 AM 11:52

DOCUMENT # **K08512**

1. Entity Name

Iron House, Inc.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3825 S.W. 41st Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke, FL.

City & State

4. FEI Number

65-0105154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Robert Samson**12719 N.W. 11th Place*

City

Sunrise

FL

Zip Code

33323

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

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-5-04

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PTSD</i>
NAME	<i>Robert Samson</i>
STREET ADDRESS	<i>12719 N.W. 11th place</i>
CITY-ST-ZIP	<i>Sunrise, FL 33323</i>
TITLE	
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**DO NOT WRITE
 IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04

Date

Daytime Phone #

CR2E034L 112