

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L10831 1. Entity Name INDUSTRIAL RESEARCH AND MANUFACTURING CORP.	
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Principal Place of Business 12525 NW 21ST PLACE MIAMI, FL 33167	Mailing Address 12525 NW 21ST PLACE MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE

08022004 No Chg-P CR2E034 (10/03)

4. FEI Number 6540139862	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOGUIDICE, ROBERTO C.
12525 NW 21ST PLACE
MIAMI, FL 33167**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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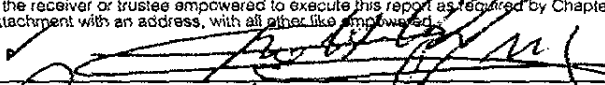
10. OFFICERS AND DIRECTORS

TITLE DP	NAME LOGUIDICE, ROBERTO C.
STREET ADDRESS 12525 NW 21 PLACE	
CITY - ST - ZIP MIAMI, FL	
TITLE DV	NAME LOGUIDICE, ROBERT C.
STREET ADDRESS 12525 NW 21 PLACE	
CITY - ST - ZIP MIAMI, FL	
TITLE DST	NAME LOGUIDICE, NIEVES I.
STREET ADDRESS 12525 NW 21 PLACE	
CITY - ST - ZIP MIAMI, FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/30/04-80011-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 empowers.

SIGNATURE:  **ROBERTO LOGUIDICE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/04
Date

Daytime Phone #