

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M09176

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: INDUSTRIAL PURCHASING CORPORATION

**Current Principal Place of Business:**

12339 SW 132ND CT  
MIAMI, FL 331866412

**New Principal Place of Business:**

**Current Mailing Address:**

6395 BAY CLUB DRIVE #3  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

3930 OAKS CLUBHOUSE DR.  
#101  
POMPANO BEACH, FL 33069

FEI Number: 59-2477275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOCARRAS & ASSOCIATES  
4649 PONCE DE LEON BLVD  
SUITE 307  
CORAL GABLES, FL 33146 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: PD ( ) Delete  
Name: BELLOSO, ARTURO,  
Address: 12339 S.W. 132 COURT  
City-St-Zip: MIAMI, FL 33186 US

Title: VSD ( ) Delete  
Name: BELLOSO, MARIELA,  
Address: 12339 SW 132 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: ADM ( ) Change (X) Addition  
Name: BELLOSO, ANDRES J  
Address: 3930 OAKS CLUBHOUSE DR  
City-St-Zip: POMPANO BEACH, FL 33069

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: ARTURO BELLOSO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date