

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90044 041 ***150.00

DOCUMENT # P00000017182

1. Entity Name

IRON POWER, INC.



Principal Place of Business

5344 NE 6TH AVENUE
APT 10-H
FT. LAUDERDALE FL 33334

Mailing Address

5344 NE 6TH AVENUE
APT 10-H
FT. LAUDERDALE FL 33334

2. Principal Place of Business

5344 NE 6TH AVE

3. Mailing Address

P.O. Box 23571

Suite, Apt. #, etc.

10-H

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33334

Country

USA

Zip

33334

Country

USA

6. Name and Address of Current Registered Agent

AUDEY BELMONTE
5344 NE 6TH AVENUE 10H
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name: Sandra BELMONTE

Street Address (P.O. Box Number is Not Acceptable)

5344 N.E. 6TH AVE #10-H

City

FT. LAUDERDALE

State

FL

Zip Code

33334

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

Sandra Belmonte

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

(NOTE: Registered Agent signature required when reinstating)

02-09-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 D ☐ Delete
NAME BELMONTE, SANDRA
STREET ADDRESS 5344 NE 6TH AVE. 10H
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME BELMONTE, AUDREY
STREET ADDRESS 5344 NE 6TH AVE. 10H
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Sandra Belmonte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-04

DATE

954/958-4521

DAYTIME PHONE #