

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 Mailing Address

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

2. Principal Place of Business 3. Mailing Address

5344 NE 6TH AVE ~~PO Box 23571~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

10-H

City & State City & State

FT. LAUDERDALE **FT. LAUDERDALE**

Zip Country Zip Country

33334 **FL** **33334** **FL**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

65-0979700 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 NE 6TH AVE # 10-H**

City: **FT. LAUDERDALE** 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* DATE: 02-09-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELMONTE, SANDRA	
STREET ADDRESS	5344 NE 6TH AVE. 10H	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELMONTE, AUDREY	
STREET ADDRESS	5344 NE 6TH AVE. 10H	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* Date: 02-09-04 Daytime Phone #: 954/958-4521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR