

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90043 038 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P01000024536					
1. Entity Name IROC, INC.					
Principal Place of Business 1504 NORTH BROADWALK HOLLYWOOD FL 33019			Mailing Address 1510 N.E. 39TH ST. OAKLAND PARK FL 33334		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1091516 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROYALE MANAGEMENT SERVICES, INC. 2319 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 <u><i>David Cori</i></u> (NOTE: Registered Agent signature required when re-registering) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete		TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CORI, DAVID			NAME CORI DAVID		
STREET ADDRESS 1504 NORTH BROADWALK			STREET ADDRESS 1504 NORTH BROADWALK		
CITY-ST-ZIP HOLLYWOOD FL 33019			CITY-ST-ZIP HOLLYWOOD FL 33019		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>David Cori</i></u> DAVID CORI			Date <u><i>1-26-04</i></u> Daytime Phone # <u><i>954-565-9430</i></u>		