

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90256 032 ***150.00

DOCUMENT # P02000056104

1. Entity Name
IRELAND/KOSOVO CORP.



Principal Place of Business
**467 GREYWOLDS CIRCLE
WEST PALM BEACH, FL 33402**

Mailing Address
**4010 57TH AVENUE SOUTH
#204
LAKE WORTH, FL 33463**



2. Principal Place of Business

3. Mailing Address
467 Greynolds Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

City & State
Lantana, Fl.

4. FEI Number
04-3676483

Applied For

Not Applicable

Zip

Country

Zip

33462

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALONAN, FRANCIS R JR.
4010 57TH AVENUE SOUTH
#204
LAKE WORTH, FL 33463**

Name

Fatime Gerbeshi

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

400 Waterway Club # 201

City

Lantana

FL

Zip Code
33462

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

Fatime Gerbeshi, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCALONAN, FRANCIS R JR.
4010 57TH AVENUE S., #204
LAKE WORTH, FL 33463** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Fatime Gerbeshi
400 Waterway Club #201
Lantana, Fl. 33462** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Fatime Gerbeshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fatime Gerbeshi, Pres.

4/14/04

561-582-5550

Date

Daytime Phone #