


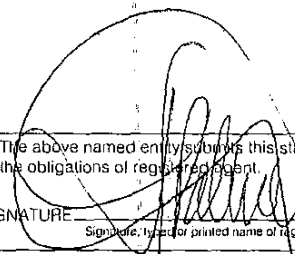
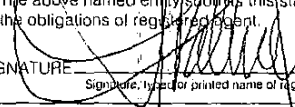
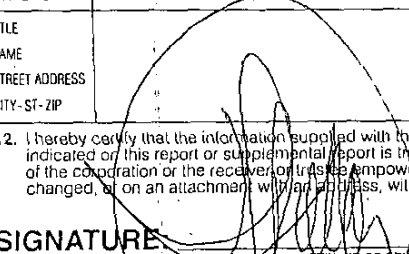
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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06/09/04 90004024 180  
05/03/04 90744024 150



|   |                           |                                     |  |   |                                    |
|---|---------------------------|-------------------------------------|--|---|------------------------------------|
| DOCUMENT # P02000060550   |                           |                                     |  |                |                                    |
| 1. Entity Name<br><b>ILY IRON WORK, CORP.</b>   |                           |                                     |  |   |                                    |
| Principal Place of Business   |                           |                                     | Mailing Address  |   |                                    |
| 2. Principal Place of Business<br>7190 W. 12 LN.<br>Suite, Apt. #, etc.   |                           |                                     | 3. Mailing Address<br>7190 W. 12 LN.<br>Suite, Apt. #, etc.                      |   |                                    |
| City & State<br><b>HIALEAH, FL</b>  |                           | City & State<br><b>HIALEAH, FL.</b> |  | 4. FEI Number<br><b>27-0016870</b>  |                                    |
| Zip<br><b>33014</b>   | Country<br><b>USA</b>     | Zip<br><b>33014</b>                 | Country<br><b>USA</b>  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                    |
| 6. Name and Address of Current Registered Agent   |                           |                                     | 7. Name and Address of New Registered Agent                                      |   |                                    |
|   |                           |                                     | Name<br><b>JOSE MIGUEL PADRON</b>  |   |                                    |
|   |                           |                                     | Street Address (P.O. Box Number is Not Acceptable)                               |   |                                    |
|   |                           |                                     | <b>7190 W. 12 LN.</b>  |   |                                    |
|   |                           |                                     | City<br><b>HIALEAH</b>   | FL  | Zip<br><b>33014</b>                |
| 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    |                           |                                     | <b>ILIANA PADRON</b>   |   | <b>6-01-04</b>                     |
| <small>Signature, typed or printed name of registered agent and title if applicable</small>   |                           |                                     | <small>(NOTE: Registered Agent signature required when reinstating)</small>      |   | <small>DATE</small>                |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |                           |                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS  |                           |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |   |                                    |
| TITLE   | <b>P</b>                  | <input type="checkbox"/> Delete     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                    |
| NAME  | <b>ILIANA PADRON</b>      |                                     | NAME   |   |                                    |
| STREET ADDRESS  | <b>7190 W. 12 LN.</b>     |                                     | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   | <b>HIALEAH, FL. 33014</b> |                                     | CITY-ST-ZIP  |   |                                    |
| TITLE   | <b>VS</b>                 | <input type="checkbox"/> Delete     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                    |
| NAME  | <b>JOSE M PADRON</b>      |                                     | NAME   |   |                                    |
| STREET ADDRESS  | <b>7190 W. 12 LN.</b>     |                                     | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   | <b>HIALEAH, FL. 33014</b> |                                     | 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  |   |                                    |
| 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  |   |                                    |
| 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    |                           |                                     | <b>ILIANA PADRON</b>   |   | <b>6-01-04</b>                     |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                           |                                     | <small>Date</small>  |   | <small>Daytime Phone #</small>     |

**RETRACTED DOCUMENT**

ILY IRON WORKS, CORP  
7190 WEST 12 LANE  
HIALEAH, FL 33014  
305-491-9353

August 31, 2004

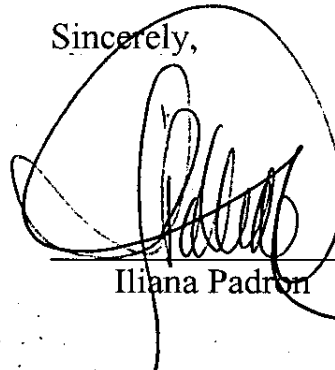
To: Florida Department of State.  
Reinstate Unit  
Ref. Number: P02000060550

This is a brief letter stating that I did not receive my Uniform Business Report for the year of 2003. In April of 2004 I sent both 2003 and 2004 UBR and a check totaling \$300.00 you kept the check but sent us a letter stating that we had to pay a reinstate fee of \$600.00. I spoke to one of your representatives to see why this was and it was because we had not filled the UBR of 2003 for our company on time, it was dissolved.

Today I write to inform you that the reason why we did not file on time was because we never received any documents, papers, or forms telling us that we had to renew the corporation. Enclosed you will find copies of the UBR of 2003 and 2004 and the letter that we received from you.

If you need further assistance please feel free to give me a call at the above number. Thank you in advance for your help and understanding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Iliana Padron', is written over a horizontal line. The signature is enclosed within a large, hand-drawn oval.

Iliana Padron