2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90214 043 ***150.00

DOCUMENT # P02000073233

1. Entity Name
IRON BACK CORPORATION

Principal Place of Business	Mailing Address
2500 SW 107TH AVE STE #49 MIAMI, FL 33165	2500 SW 107TH AVE STE #49 MIAMI, FL 33165

11034108

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1749 S.W 109th PL	P.O Box-772588
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34476 Country: USA	Zip: 34477 Country: USA

4. FEI Number 51-0415497 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, GABINO
2500 SW 107TH AVE STE #49
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 1749 S W 109th PL
City Ocala FL Zip Code 34476

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 ______ 4/28/03
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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gabino Contreras 1749 S.W 109th PL Ocala FL 34476 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gabino Contreras 1749 S.W 109th PL Ocala FL 34476 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______ 4/28/03 352-207-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #