


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 048 ***150.00

DOCUMENT # P02000104887 1. Entity Name INTERNATIONAL PRODUCTS CORPORATION			
Principal Place of Business 11801 NW 100TH RD SUITE 11 MEDLEY, FL 33178		Mailing Address 11801 NW 100TH RD SUITE 11 MEDLEY, FL 33178	
2. Principal Place of Business 3949 COMMERCE PKWY Suite, Apt. #, etc.		3. Mailing Address 3949 COMMERCE PKWY Suite, Apt. #, etc.	
City & State MIRAMAR, FL Zip 33025-3936		City & State MIRAMAR, FL Zip 33025-3936	
Country BROWARD		Country BROWARD	
4. FEI Number 77-0595602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WERBA, JACOB 11801 NW 100TH RD SUITE 11 MEDLEY, FL 33178			
7. Name and Address of New Registered Agent Name WERBA, JACOB Street Address (P.O. Box Number is Not Acceptable) 3949 COMMERCE PKWY City MIRAMAR FL Zip Code 33025-3936			
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 JACOB WERBA <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 2/22/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P WERBA, JACOB 11801 NW 100TH RD MEDLEY, FL 33178	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3949 COMMERCE PKWY MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: JACOB WERBA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/22/05 Daytime Phone # (954) 499-1925	

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02222005 Chg-P CR2E034 (10/03)