

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90099 021 ***158.75

DOCUMENT # P03000049899

1. Entity Name
IPEN CORP.



Principal Place of Business
**7062 SPINNAKER BLVD.
ENGLEWOOD, FL 34224**

Mailing Address
**7062 SPINNAKER BLVD.
ENGLEWOOD, FL 34224**

2. Principal Place of Business
8573 SW 115 COURT

3. Mailing Address
8573 SW 115 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006

Chg-P

CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
75-3117709

Applied For
Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLANO, LAZARO PRES
7062 SPINNAKER BLVD
ENGLEWOOD, FL 34224**

7. Name and Address of New Registered Agent

Name
Solano, Gloria A.
Street Address (P.O. Box Number is Not Acceptable)
8573 SW 115 COURT

City
MIAMI

FL Zip Code
33173

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOLANO, LAZARO
7062 SPINNAKER BLVD.
ENGLEWOOD, FL 34224** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Solano, Gloria A.
8573 SW 115 COURT
MIAMI, FL 33173** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gloria A. Solano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-06 (305)273-9559
Date Daytime Phone #

ATTACHMENT

40023106

#P03000049899

Feb. 28/06

Dear Miss:

I'm sorry, I mailed
my form for Corp. Annual
Report and forgot the
check.

I'm sending a copy of
the form and the check
for \$158²⁵. If you need

anything else please
call me at (305) 273-2559.
Sorry again.

Gloria G. Solano