FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000107824



FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Name Ironwood International, Inc.					04-20-2004 91003 040 130.00	
D	O NOT WRITE	IN THIS	SPAC	E	JI	LATOTT
2. Principal Plac	e of Business	3. Mailing Address				
6001 JOHNS ROAD 3959 Van Dyke			ke Rd.			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
#36 #260 City & State City & State					4. FEI Number	Applied For
TAMPA FL		Lutz FL			20-0345680	Not Applicable
Zip 33634	Country	Zip	Counti	У	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33634	USA	33558	_ USA	7.	Name and Address of Current Registered	
			[Name Fernar	ndo Hernandez	
DO NOT WRITE IN THIS SPACE			-		(P.O. Box Number is Not Acceptable)	
			}			
				6001 JOHNS ROAD, #36		
			İ	City TAMPA	FL	Zip Code 1 33634 _
	med entity submits this statement for is of registered agent.	the purpose of changing	g its registere		agent, or both, in the State of Florida. I am f	
Janu:	onsture. typed or printed name of registered agent an ary 1 - May 1 Fee is \$150.00 Rer May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Department of \$		NOTE: Registered	Agent signature required wh	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D					
NAME"	r/D		TITLE			
OTDEEN LODDEGO	'ernando Hernandez 001 Johns Road, #36		NAME STREE	T ADDRESS		
	ampa, FL 33634		CITY-	ST-ZIP		
TITLE V	r/s/D		TITLE			
CTOCCY ADDRESS	onathan Kremner		NAME STREE	T ADDRESS		
0.174.07.710	001 Johns Road, #36 ampa. FL 33634			ST-ZIP		
TITLE	· ·		TITLE			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	DO NOT WRI	TE
TITLE			TITLE			
NAME	-	-	NAME		IN THIS SPAC	JE.
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE			TITLE			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE			TITLE			
NAME			NAME	į.		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		
	tifu that the information of a limit of	his filing above and a results			ion 110 07(2)(i) Florida Carriaga 1 (artista	differ that the information
indicated or of the corpo	ary that the information supplied with the third report or supplemental report is to station or the receiver or trustee empty.	true and accurate and the wered to execute this r	y ioi the exer nat my signati eport as rect	inputer stated in Sect are shall have the sa aired by Chapter 607	ion 119.07(3)(i), Florida Statutes. I further cei me legal effect as if made under oath; that I '. Florida Statutes; and that my name appear	am an officer or director is in Block 10 or on an

attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Kremner

04-23-04

646-322-4575

Date