

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90693 042 ***150.00

DOCUMENT # P03000115297			
1. Entity Name IHRS, INC.			
Principal Place of Business 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324		Mailing Address 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324	
2. Principal Place of Business 16440 South Post Rd. Suite, Apt. #, etc. # 101		3. Mailing Address 16440 South Post Rd. Suite, Apt. #, etc. # 101	
City & State Weston FL		City & State Weston FL	
Zip 33331	Country US	Zip 33331	Country US
4. FEI Number 20-0944850		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOBAL HUMAN CAPITAL SOLUTIONS, INC. 1560 SAWGRASS CORPORATE PARKWAY, 4TH FL SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name ESTEBAN A. LAILHACAR Street Address (P.O. Box Number is Not Acceptable) 16440 South Post Rd. # 101 City Weston FL Zip Code 33331	
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 <i>Esteban Lailhacar</i> DATE 04/29/04 (Signature, title of present name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting))			
FILE NOW! FEB 15 \$150.00 After May 1, 2004 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	PSTD LAILHACAR, ESTEBAN A 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS1B LAILHACAR, ESTEBAN A ☒ Change ☐ Addition 16440 SOUTH Post Rd. # 101 Weston FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SETTI, PIER A 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SETTI, PIER A ☒ Change ☐ Addition 16440 SOUTH Post Rd. # 101 Weston FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: <i>Esteban Lailhacar</i>		DATE 04/29/04 DAYCARE PHONE # (954) 3499610	