
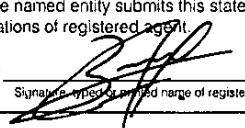
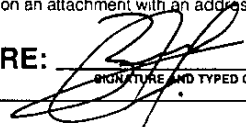


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90393 009 ***150.00

DOCUMENT # P04000114840 1. Entity Name INDUSTRIAL REPLACEMENT PRODUCTS, CORP.			
Principal Place of Business 536 BILTMORE WAY CORAL GABLES, FL 33134		Mailing Address 536 BILTMORE WAY CORAL GABLES, FL 33134	
2. Principal Place of Business 7204 NW 84 Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 667746 Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33166 Country		City & State MIAMI, FLORIDA Zip 33166 Country	
4. FEI Number 20-1486236		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 CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name CARLOS BONNEMAISON Street Address (P.O. Box number is not acceptable) 7204 NW 84 AVE City Miami FL 33166	
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 		DATE 04/16/2005	
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 PD NAME TROISI, GIOVANNI STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE PD NAME Bonnemaison Carlos STREET ADDRESS 7204 NW 84 AVE. CITY-ST-ZIP Miami, Florida 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME TROISI, MARINA STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE VD NAME TROISI Giovanni STREET ADDRESS 7204 NW 84 AVE. CITY-ST-ZIP Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BONNEMAISON, CARLOS L STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE SD NAME Bonnemaison Carlos STREET ADDRESS 7204 NW 84 AVE. CITY-ST-ZIP Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME TROISI, FRANCA E STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE TD NAME TROISI Franca STREET ADDRESS 7204 NW 84 AVE CITY-ST-ZIP Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE 04/16/2005 DAYTIME PHONE # 786-3317561	

50038742



03282005 Chg-P CR2E034 (10/03)