

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90179 045 ***158.75

DOCUMENT # P04000115294

1. Entity Name
ARTEMISA IRON POWER, INC



Principal Place of Business
5790 SW 152 COURT
MIAMI, FL 33193 US

Mailing Address
5790 SW 152 COURT
MIAMI, FL 33193 US

2. Principal Place of Business

3. Mailing Address

13426 SW 64 LANE
Suite, Apt. #, etc.

13426 SW 64 LANE
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33183 Country USA

Zip 33183 Country USA

04152006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1465175

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEROA, ARMANDO L
5790 SW 152 COURT
MIAMI, FL 33193

Name ARMANDO L. FIGUEROA

Street Address (P.O. Box Number is Not Acceptable)
13426 SW 64 LANE

City MIAMI FL Zip Code 33183

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FIGUEROA, ARMANDO L ☐ Delete
STREET ADDRESS 5790 SW 152 COURT
CITY-ST-ZIP MIAMI, FL 33193

TITLE *Pro Sec*
NAME FIGUEROA, ARMANDO L ☒ Change ☐ Addition
STREET ADDRESS 13426 SW 64 LANE
CITY-ST-ZIP MIAMI, FL 33183

TITLE VP
NAME VASQUEZ, ISRAEL ☐ Delete
STREET ADDRESS 5790 SW 152 COURT
CITY-ST-ZIP MIAMI, FL 33193

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

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CITY-ST-ZIP ☐ Delete

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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pro 4-15-06

Date

Daytime Phone #

305-298-2955