

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075630

Entity Name: IRWOCOL, INC.

FILED  
Mar 07, 2009  
Secretary of State

## Current Principal Place of Business:

7925 NW 12 STREET  
SUITE 318  
MIAMI, FL 33126 US

## New Principal Place of Business:

803 N.W. 126TH PLACE  
MIAMI, FL 33182 US

## Current Mailing Address:

803 NW 126 PLACE  
MIAMI, FL 33182 US

## New Mailing Address:

803 N.W. 126TH PLACE  
MIAMI, FL 33182 US

FEI Number: 65-0866818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIZARAZO, ALFREDO  
803 NW 126 PLACE  
MIAMI, FL 33182 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LIZARAZO, ALFREDO  
Address: 803 N.W. 126 PLACE  
City-St-Zip: MIAMI, FL 33182

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition  
Name: LIZARAZO, ALFREDO  
Address: 803 N.W. 126 PLACE  
City-St-Zip: MIAMI, FL 33182

Title: VP S ( ) Change (X) Addition  
Name: LIZARAZO, PAOLA M  
Address: 803 N.W. 126TH PLACE  
City-St-Zip: MIAMI, FL 33182 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAOLA M LIZARAZO

VP

03/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date