2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091067

Entity Name: AGEIRON SYSTEMS, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9022 NW 121 TERRACE 18031 BISCAYNE BLVD.

HIALEAH GARDENS, FL 33018 #803-3

AVENTURA, FL 33160 US

Current Mailing Address: New Mailing Address:

9022 NW 121 TERRACE 18031 BISCAYNE BLVD.

HIALEAH GARDENS, FL 33018 US #803-3

AVENTURA, FL 33160 US

FEI Number: 65-0871840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NORIEGA, ADRIANA NORIEGA, ADRIANA 18031 BISCAYNE BLVD. 9022 NW 121 TERRACE HIALEAH GARDENS, FL 33018 # 803-3

US

AVENTURA, FL 33160 US

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: ADRIANA NORIEGA 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition

NORIEGA, FERNANDO NORIEGA, FERNANDO Name: Name: 9022 NW 121 TERRACE 18031 BISCAYNE BLVD., # 803-3 Address: Address:

City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: AVENTURA, FL 33160 US

() Delete **VPTD** Title: **VPTD** (X) Change () Addition Title:

NORIEGA, ADRIANA Name: Name: NORIEGA, ADRIANA 9022 NW 121 TERRACE 18031 BISCAYNE BLVD., # 803-3 Address: Address:

HIALEAH GARDENS, FL 33018 AVENTURA, FL 33160 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition AD AD FECOROTTI, PAOLO C FECOROTTI, PAOLO C Name: Name: 18031 BISCAYNE BLVD., # 803-3 Address

9022 NW 121 TERRACE Address: City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADRIANA NORIEGA **VPTD** 04/27/2005

Electronic Signature of Signing Officer or Director

Date