


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 026 ***158.75

DOCUMENT # P99000011325	
1. Entity Name THE IRI CORPORATION	

Principal Place of Business 7875 S.W. 40TH STREET, #228 MIAMI, FL 33155	Mailing Address 7875 S.W. 40TH STREET, #228 MIAMI, FL 33155
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\$100.00

20002425

2. Principal Place of Business 7875 SW 40th St	3. Mailing Address 7875 SW 40th St
Suite, Apt. #, etc. SUITE # 216	Suite, Apt. #, etc. SUITE # 216
City & State MIAMI FL	City & State MIAMI FL
Zip 33155	Zip 33155
Country USA	Country USA



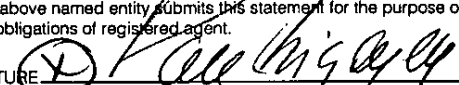
01192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0893389	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent O'HARE, RICHARD J 1550 MADRUGA AVE. STE. 120 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name RAMON G. IRIGOYEN Street Address (P.O. Box Number is Not Acceptable) 7875 SW 40th St SUITE # 216 City MIAMI FL Zip Code 33155
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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.

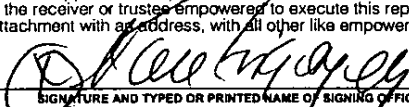
SIGNATURE:  **Reg Agent 1-18-06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Dir Pres Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRIGOYEN, RAMON G		NAME IRIGOYEN, RAMON G	
STREET ADDRESS 7875 S.W. 40TH STREET, SUITE #228		STREET ADDRESS 7875 SW 40th St # 216	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP MIAMI, FL 33155	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Pres 1-18-06 2662202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #