

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S65011**  
 1. Entity Name  
**INDUSTRIAL ASSEMBLY CORPORATION INC.**



Principal Place of Business 3280 NW 5TH AVE OAKLAND PARK, FL 33334 US	Mailing Address 3280 NW 5TH AVE OAKLAND PARK, FL 33334 US
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**DO NOT WRITE IN THIS SPACE**



03072003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0276739	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  
**KULAS, DARLENE**  
 5007 NW 67TH AVE  
 LAUDERHILL, FL 33319

**DO NOT WRITE IN THIS SPACE**

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 *Darlene Kulas* **DARLENE KULAS** **PRESIDENT** **5/13/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULAS, RALPH N. 5007 NW 67TH AVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KULAS, DARLENE 5007 NW 67TH AVE LAUDERHILL, FL 33319
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 05/17/04-800008-016 150.00

**DO NOT WRITE IN THIS SPACE**

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 I am empowered.

SIGNATURE: *Darlene Kulas* **DARLENE KULAS** **954-561-5117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #