

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 015 ***158.75

DOCUMENT # 492234
 1. Entity Name
INTERNATIONAL REALTY & MANAGEMENT CORPORATION




Principal Place of Business: 717 PONCE DE LEON BLVD SUITE 331 CORAL GABLES FL 33134 US
 Mailing Address: 717 PONCE DE LEON BLVD SUITE 331 CORAL GABLES FL 33134 US

2. Principal Place of Business: 717 Ponce de Leon Blvd.
 Suite, Apt. #, etc.: 333
 3. Mailing Address: PO Box 141699
 Suite, Apt. #, etc.:

City & State: Coral Gables Florida
 City & State: Coral Gables, Florida

Zip: 33134 Country: Miami-Dade
 Zip: 33114 Country: Miami-Dade

00031414

 1st MOORE CR2E034 (10/05)
 4. FEI Number: 59-1637826 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGALMANN, GUY
28 S FLAGLER STREET
STE 400
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MORA, LUIS E.	
STREET ADDRESS	3262 SW 139 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORA, ANA J	
STREET ADDRESS	3262 SW 139 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  President
 4/20/2006 3058545081
 Daytime Phone #