

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492234

FILED
Jan 26, 2007
Secretary of State

Entity Name: INTERNATIONAL REALTY & MANAGEMENT CORPORATION

Current Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 333
CORAL GABLES, FL 33134 US

Current Mailing Address:

P.O. BOX 141699
CORAL GABLES, FL 33134 US

New Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 329
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1637826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGALMANN, GUY
28 S FLAGLER STREET
STE 400
MIAMI, FL 33130 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: DPST () Delete
Name: MORA, LUIS E.,
Address: 3262 SW 139 PL
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: MORA, ANA J
Address: 3262 SW 139 PL
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS E MORA

DPST

01/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date