


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 676212 1. Entity Name IRA GOLDBERG & SON, INC. |  |
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| Principal Place of Business 3 ALEXANDER COURT ORMOND BCH, FL 32174 | Mailing Address 3 ALEXANDER COURT ORMOND BCH, FL 32174 |
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2005307 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

GOLDBERG, IRA
3 ALEXANDER COURT
ORMOND BCH, FL 32174

**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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|------|

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOLDBERG, IRA 3 ALEXANDER CT ORMOND BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GOLDBERG, MICHAEL A 1538 POPLAR DR. ORMOND, FL |
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02/07/06-80056-012 150.00

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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.

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| SIGNATURE: <i>IRA Goldberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 1-25-06 306 677 7882 Date Daytime Phone # |
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