


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90008 016 ***150.00

DOCUMENT # F43570	
1. Entity Name IRA ASSOCIATES, INC.	

Principal Place of Business 2068 WINDWARD CIR FT LAUDERDALE FL 33326 US	Mailing Address 2068 WINDWARD CIR FT LAUDERDALE FL 33326 US
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2. Principal Place of Business 2068 WINDWARD Circle	3. Mailing Address 2068 WINDWARD Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON FL	City & State WESTON FL
Zip 33326	Country BROWARD
Zip 33326	Country BROWARD



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent PEVAR, IRA 2068 WINDWARD CIR WESTON FL 33326	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEVAR, IRA 2068 WINDWARD CIR WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: IRA PEVAR **IRA PEVAR** **3-15-04** **954-384-4344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #