


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # K60832 1. Entity Name IVES REALTY, INC.	
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Principal Place of Business 1201 S. OCEAN DR. #2006-SOUTH HOLLYWOOD FL 33019 US	Mailing Address 1201 S. OCEAN DR. #2006-SOUTH HOLLYWOOD FL 33019 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0095916	Applied For <input type="checkbox"/> Not Applied
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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
ARIAS, MARGUERITE 1201 S OCEAN DR #2006-SOUTH HOLLYWOOD FL 33019

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		<input type="checkbox"/> Delete
TITLE	PST ARIAS, MARGUERITE	<input type="checkbox"/>
STREET ADDRESS	1201 S. OCEAN DR. #2006-SOUTH	
CITY ST ZIP	HOLLYWOOD FL	
TITLE	V ARIAS, JACK	<input type="checkbox"/>
STREET ADDRESS	1201 SOUTH OCEAN DRIVE #2006-5	
CITY ST ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY ST ZIP			

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02/16/07-80025-015 150.00

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: _____	_____ PST 2/6/2007 954-920-9530 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: _____ <small>Daytime Phone #</small>
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