## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							FILED Mar 24, 2005 08:00 AN Secretary of State				
DOCUMENT # K95566  1. Entity Name											
IRA RALF	PH MARK	S, P.A.							·		
Principal Place of Business Mailing Address						, <del></del>	1				
14126 SW 6 MIAMI FL 3		=		14126 SW 62 ST MIAMI FL 33183	,	• .		· · · · · · · · · · · · · · · · · · ·			
C. Disabat Class of Dusiness						-, <del></del> -	<u> </u>				
2. Principal Place of Business  Suite, Apt #, etc				3. Mailing Address  Suite, Apt. #, etc.				8(8(() a)8 (8(8) and) 8(4)4 and 1	######################################	(I) 21211 31211 311	
Salto, April 1, etc.								·· <del>····</del>	CR2E034	<u> </u>	
City & State				City & State			4. FEI Numb	65-0125856		No	oplied For ot Applicable
Zip		Country		Zip	Coun	ıtry	5. Certificate	e of Status Desired		8.75 Add ee Require	
	6. Name	and Address	of Current Regis	stered Agent	<del></del>	<u> </u>	7. Name and	d Address of New Re			
MADIZE IDA D						Name	<u></u>	··			
MARKS, IRA R 14126 SW 62ND ST MIAMI FL 33183					. •	Street Address (	P.O. Box Numb	ber is Not Acceptable	)		
						City	<del></del>			Zip Cod	, In
a The above	a semad ontil	* . automita this .	-telement for the	purpose of changing its	- realistar	L '		-th in the State of Flo	FL	1	
	e named entit itions of regist		itatement ioi uie j	ригрозе от спан <b>у</b> те на	s register	ed office of register	red agent, or bo	oth, in the State of Floi	rida. I am ie	miliar with,	and accept
SIGNATURE											
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00										00 May Be	
			ie \$550.00 partment of Stat	te				Trust Fund Cont	ribution. [		ed to Fees
10.			ICERS AND DIŘE	<u> </u>	11.		ADDITIONS	I S/CHANGES TO OFFIC	CERS AND I	DIRECTOR	S IN 11
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12. I hereby o	certify that the	e information su	upplied with this f	illing does not qualify fo	or the exe	mption stated in Se	ection 119.07(3)	)(I), Florida Statutes, I	further certif	y that the in	nformation
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 of 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of SIGNING OFFICER OR DIRECTOR Date OF SIGNING OFFICER OR DIRECTOR											474
		MONATURE AN	ID I THED ON PHINTED	J NAME OF SIGNING OFFICER	ORDINECT	IOR		Date	Day	(me Phone #	