2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005115

Entity Name: IREACH, INC.

FILED Apr 15, 2009 Secretary of State

y	1101 1112/1011, 111						
Current Principal Place of Business:				New Principal Place of Business:			
5973 SW 4 MIAMI, FL	12 TERRACE 33155						
Current Mailing Address:			New Mai	New Mailing Address:			
5973 SW 4 MIAMI, FL	12 TERRACE 33155						
FEI Number:	: 26-2599798	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name an	d Address o	f New Registered Agent:		
	EZ JR., NICOLAS NYSHORE DR., S 33133 US						
	named entity su e of Florida.	bmits this statement for the pu	ırpose of changing	its registered	d office or registered agent, or b	oth,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANGE	S TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	PD () D RANGEL-DIAZ, LI 5973 SW 42 TER MIAMI, FL 33155	LLIAN RACE	Title: Name: Address: City-St-Zip:	RANGEL-DIA 5973 SW 42	TERRACE		
Title: Name: Address: City-St-Zip:	SD () D BEGUIRSTAIN, CI 5973 SW 42 TER MIAMI, FL 33155	RISTINA RACE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () D CARRANZA-GUTI 5973 SW 42 TER MIAMI, FL 33155	ERREZ, MARIA RACE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () D PINERA-LLANO, A 5973 SW 42 TER MIAMI, FL 33155	AYLEEN RACE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () D COLBERT, KARE 5973 SW 42 TER MIAMI, FL 33155	N A RACE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () D ECHARTE, CARO 5973 SW 42 TER MIAMI, FL 33155	LINA A. RACE	Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAM RANGEL-DIAZ PD 04/15/2009