

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90039 032 ***158.75

DOCUMENT # P01000009572 1. Entity Name INTERNATIONAL ACADEMY OF REAL ESTATE, INC.					
Principal Place of Business 1251 BRICKELL AVENUE SUITE 932 MIAMI, FL 33131 US			Mailing Address 1251 BRICKELL AVENUE SUITE 932 MIAMI, FL 33131 US		
2. Principal Place of Business 804 Douglas Road Suite, Apt. #, etc. Suite 110 -Douglas Entrance-		3. Mailing Address 804 Douglas Road Suite, Apt. #, etc. Suite 110 -Douglas Entrance-			
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA		4. FEI Number 65-1074493	
Zip 33134		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent S/B CAMP, ELIZABETH C 5101 COLLINS AVE APT 4-N MIAMI BEACH, FL 33140-2714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME CAMP, ELIZABETH C		<input type="checkbox"/> Delete		
STREET ADDRESS 5101 COLLINS AVE APT 4-N	CITY-ST-ZIP MIAMI BEACH, FL 331402714		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE:			ELIZABETH CHAVES CAMP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan. 17/2006		
<small>Date</small>			305-443-3632 305-318-7051		