


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 010 ***150.00

DOCUMENT # P01000026240
1. Entity Name
INTERNATIONAL REALTY ACQUISITION CENTER, P.A.



Principal Place of Business Mailing Address
600 S ORLANDO AVENUE SUITE 101 MAITLAND FL 32751-5662
600 S ORLANDO AVENUE SUITE 101 MAITLAND FL 32751-5662

64007641

2. Principal Place of Business 3. Mailing Address
600 S. ORLANDO AVE SUITE 301
600 S. ORLANDO AVE SUITE 301



MOORE CR2E034 (11/03)

City & State MAITLAND, FL
City & State MAITLAND, FL
Zip 32751 Country USA
Zip 32751 Country USA

4. FEI Number 59-3727188
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, PAUL S
2672 TUSCARORA TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name change address only --
Street Address (P.O. Box Number is Not Acceptable) 600 S. ORLANDO AVE SUITE 301
City MAITLAND FL Zip Code 32751

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 *Paul S. West* DATE 1/29/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP	NAME WEST, PAUL S	STREET ADDRESS 2672 TUSCARORA TRAIL	CITY-ST-ZIP MAITLAND FL 32751-5145	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP	NAME WEST, PAUL S.	STREET ADDRESS 2982 HARBOUR LANDING WAY	CITY-ST-ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP, D	NAME WEST, MATTHEW	STREET ADDRESS 415 LOCKMOND DRIVE	CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SIT, D	NAME WEST, ANNE M.	STREET ADDRESS 2982 HARBOUR LANDING WAY	CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul S. West* PRESIDENT DATE 1/29/2004 (407) 331-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #