


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90013 023 \*\*\*150.00

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

Principal Place of Business 600 S ORLANDO AVENUE SUITE 301 MAITLAND, FL 32751-5662	Mailing Address 600 S ORLANDO AVENUE SUITE 301 MAITLAND, FL 32751-5662
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40000677



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3727188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WEST, PAUL S 600 S. ORLANDO AVE <del>STE 301</del> SUITE 301 MAITLAND, FL 32751
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**DO NOT WRITE  
IN THIS SPACE**

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 <i>Paul S. West</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>1/4/2005</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEST, PAUL S 2982 HARBOUR LANDING WAY CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEST, MATTHEW <i>415 Lochmond Dr</i> 415 LOCHMOND DRIVE CASSELBERRY, FL 32730 <i>Fern Park, FL 32730</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEST, ANNE M 2982 HARBOUR LANDING WAY CASSELBERRY, FL 32707
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**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.	
SIGNATURE: <i>Paul S. West</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PAUL S. WEST PRESIDENT DATE <i>1/4/2005</i> (407) 331-7571 <small>Daytime Phone #</small>