

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90081 034 ***150.00

DOCUMENT # P02000117082

1. Entity Name
IRAMCO REALTY AND MANAGEMENT, INC.



Principal Place of Business

11762 N KENDALL DR STE 116
MIAMI, FL 33186

Mailing Address

11762 N KENDALL DR STE 116
MIAMI, FL 33186

50031517



2. Principal Place of Business

P.O. Box 160338

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 160338

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

51-0452059

Applied For

Not Applicable

Zip

33116

Country

Zip

33116

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABRAM, JAMES N
11762 N KENDALL DR STE 116
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **ABRAM, James N.**

Street Address (P.O. Box Number is Not Acceptable)

12014 S.W. 116 Terrace

City **Miami**

FL

Zip Code

33186

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

James N. ABRAM

James N. ABRAM

3/24/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **ABRAM, JAMES N**
STREET ADDRESS **11762 N KENDALL DR STE 116**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **DVPS** ☐ Delete
NAME **ABRAM, LANG T**
STREET ADDRESS **11762 N. FENDALL DR STE 116**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VP** ☐ Delete
NAME **REVUELTA, MICHELLE L**
STREET ADDRESS **11762 N. KENDALL DR STE 116**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **Abram, James N.**
STREET ADDRESS **P.O. Box 160338**
CITY-ST-ZIP **Miami FL 33116**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **Abram, Lang T.**
STREET ADDRESS **P.O. Box 160338**
CITY-ST-ZIP **Miami FL 33116**

TITLE **VP** ☒ Change ☐ Addition
NAME **Revuelta, Michelle L.**
STREET ADDRESS **P.O. Box 160338**
CITY-ST-ZIP **Miami FL 33116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James N. ABRAM

3/24/05

305-271-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #