


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000117082 1. Entity Name IRAMCO REALTY AND MANAGEMENT, INC.	
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Principal Place of Business

P.O. BOX 160338
MIAMI, FL 33116

Mailing Address

P.O. BOX 160338
MIAMI, FL 33116

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0452059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAM, JAMES N
12014 SW 116 TERRACE
MIAMI, FL 33186

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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

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, 2006 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
NAME	ABRAM, JAMES N
STREET ADDRESS	P.O. BOX 160338
CITY-ST-ZIP	MIAMI, FL 33116
TITLE	DVPS
NAME	ABRAM, LANG T
STREET ADDRESS	P.O. BOX 160338
CITY-ST-ZIP	MIAMI, FL 33116
TITLE	VP
NAME	REVUELTA, MICHELLE L
STREET ADDRESS	P.O. BOX 160338
CITY-ST-ZIP	MIAMI, FL 33116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80045-019 150.00

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IN THIS SPACE**

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:

 James N. Abram, Pres. 1/14/06 305-271-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #