2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State
01-08-2004 90051 015 ***150.00

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1. Entity Name
IRA'S IMAGES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 210036 WEST PALM BEACH, FL 33421 US	P.O. BOX 210036 WEST PALM BEACH, FL 33421 US

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1308 Stonehaven Estates Drive	1308 Stonehaven Estates Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Fl.	City & State: West Palm Beach, Fl.
Zip: 33411 Country: US	Zip: 33411 Country: US

4. FEI Number: 75-3098604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSLER, IRA
1308 STONEHAVEN ESTATES DRIVE note correction
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1308 STONEHAVEN ESTATES DRIVE
City: FL Zip Code

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: Ira Weissler Ira Weissler President DATE: 1/05/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	Ira Weissler	1308 Stonehaven Estates Drive	West Palm Beach, Fl. 33411	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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: Ira Weissler Ira Weissler (Pres) 1/5/04 561 790 6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #