

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90055 020 ***150.00

DOCUMENT # P04000024304

1. Entity Name
IRAMCO REALTY, INC.



Principal Place of Business
**11762 N KENDALL DR
SUITE 116
MIAMI, FL 33186**

Mailing Address
**11762 N KENDALL DR
SUITE 116
MIAMI, FL 33186**

2. Principal Place of Business
P.O. Box 160338

3. Mailing Address
P.O. Box 160338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
34-2028303

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
SUITE 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
ABRAM, LANG T.
P.O. Box 160338
Miami FL 33116** ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James N. Abram **4/11/05** **305-271-1174**