


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90202 038 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000036771</b>                |  |
| 1. Entity Name<br>IRAMCO OF MIAMI BEACH, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2700 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 | Mailing Address<br>2700 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>6000 ISLAND BLVD. | 3. Mailing Address<br>6000 ISLAND BLVD. |
|---|---|

|                                  |                                  |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc.<br>APT. 2003 | Suite, Apt. #, etc.<br>APT. 2003 |
|----------------------------------|----------------------------------|

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>AVENTURA FL | City & State<br>AVENTURA FL |
|-----------------------------|-----------------------------|

|                   |                |                   |                |
|-------------------|----------------|-------------------|----------------|
| Zip<br>33160-3788 | Country<br>USA | Zip<br>33160-3678 | Country<br>USA |
|-------------------|----------------|-------------------|----------------|

40063737



04202006 Chg-P CR2E034 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-0836653 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**6. Name and Address of Current Registered Agent**

|  |
|--|
| GREENBERG, MYRON<br>2700 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 |
|--|

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (If 0, 000 Number is Not Acceptable)<br>6000 ISLAND BLVD. |
| APT. 2003  |
| City<br>AVENTURA   |
| State<br>FL  |
| Zip Code<br>33160  |

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>x Myron Greenberg</i> | DATE <i>x 4/22/06</i> |
|------------------------------------|-----------------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENBERG, MYRON<br>2700 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GREENBERG, MYRON<br>6000 ISLAND BLVD., APT. 2003<br>AVENTURA, FL 33160-3788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: <i>x Jondra Greenberg</i> | DATE: <i>x 4/22/06</i> | DAYTIME PHONE: <i>305-933-8608</i> |
|--------------------------------------|------------------------|------------------------------------|