


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-26-2006 90190 027 \*\*\*150.00

**DOCUMENT # P04000116613**

1. Entity Name  
**IRMAX, INC.**



Principal Place of Business  
**520 BRICKELL KEY DR SUITE 0-305  
 MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DR SUITE 0-305  
 MIAMI, FL 33131**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**20-2383806**

Applied For  
 Not Applicable

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

03172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  
 520 BRICKELL KEY DR SUITE 0-305  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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	D	<input type="checkbox"/> Delete
NAME	SPILBERG, DANIA	
STREET ADDRESS	AV. DELFIM MOREIRA 54 APTO 101	
CITY-ST-ZIP	RIO DE JANEIRO-BRAZIL,	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPILBERG, DENISE	
STREET ADDRESS	AV. DELFIM MOREIRA 54 APTO 101	
CITY-ST-ZIP	RIO DE JANEIRO-BRAZIL,	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SIDNEY, MENEZES	
STREET ADDRESS	520 BRICKELL KEY DR.#0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DANIA SPILBERG	
STREET ADDRESS	520 Brickell Key DR. # 0-305	
CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOMORONY, DENISE SPILBERG	
STREET ADDRESS	520 Brickell Key Dr. #0-305	
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Denise Spilberg Shomorony* **DENISE SPILBERG SHOMORONY** 03/28/2006 305-905 2607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40003000

