


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90139 021 ***150.00

DOCUMENT # P04000116613			
1. Entity Name IRMAX, INC.		Principal Place of Business 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
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.		4. FEI Number 20-2383806	
SIGNATURE _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILBERG, DANIA S 520 BRICKELL KEY DR 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spilberg Schwartz, Dania <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Brickell Key Drive, Suite 0-305 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILBERG, DENISE 520 BRICKELL KEY DR 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spilberg Shomorony, Denise <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Brickell Key Drive, Suite 0-305 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Denise Spilberg Shomorony</u>		Date: <u>03/23/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305-374-3800</u>	



02222007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2383806 Applied For Not Applicable

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

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.

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

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