

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90018 024 \*\*\*150.00

DOCUMENT # P05000001267	
1. Entity Name I. R. FINANCIAL CORP.	



Principal Place of Business 18126 SW 142ND CT MIAMI, FL 33177	Mailing Address 18126 SW 142ND CT MIAMI, FL 33177
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50004953



2. Principal Place of Business 12161 SW 122 PATH	3. Mailing Address 12161 SW 122 PATH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03162006 Chg-P CR2E034 (11/05)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33186	Country U.S.A.

4. FEI Number 20-2097347	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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VILLANUEVA, JUAN C 18126 SW 142ND CT MIAMI, FL 33177
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7. Name and Address of New Registered Agent
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Name VILLANUEVA, JUAN C.
Street Address (P.O. Box Number is Not Acceptable) 12161 SW 122 PATH
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]* DATE: 3/16/06  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLANUEVA, JUAN C		NAME VILLANUEVA, JUAN C.	
STREET ADDRESS 18126 SW 142ND CT		STREET ADDRESS 12161 SW 122 PATH	
CITY-ST-ZIP MIAMI, FL 33177		CITY-ST-ZIP MIAMI FL 33186	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREA, GRACE A		NAME BREA, GRACE A	
STREET ADDRESS 18126 SW 142ND CT		STREET ADDRESS 12161 SW 122 PATH	
CITY-ST-ZIP MIAMI, FL 33177		CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: 3/16/06 (784) 486-0371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR