


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

03-07-2007 90012 010 ****50.00
07-26-2007 90030 011 ***150.00

DOCUMENT # P05000012861					
1. Entity Name IRONWOOD REALTY, INC.					
Principal Place of Business 277 SE 5TH AVENUE DELRAY BEACH, FL 33483			Mailing Address 277 SE 5TH AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 202 SE 5th Avenue		3. Mailing Address 202 SE 5th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number APPLIED FOR 41-2166194	
Zip 33483		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICKSTEIN, CARY 277 SE 5TH AVENUE DELRAY BEACH, FL 33483			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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GLICKSTEIN, DEBORAH 277 SE 5TH AVENUE DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 SE 5th Avenue Delray Beach, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLINS, CLAIRE 1311 SW 3RD STREET BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: <u>X Delle Glickstein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/21/07 541 279 8552 Date Daytime Phone #		

40127131

