2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90276 026 ***150.00

DOCUMENT # P05000154203

1. Entity Name
IRA ZAGER, P.A.

Principal Place of Business	Mailing Address
10764 S.W. 133RD TERRACE MIAMI, FL 33176	10764 S.W. 133RD TERRACE MIAMI, FL 33176

02112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1500 SAN REMO AVE		SAME	
Suite, Apt. #, etc. 105		Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State	
Zip 33146	Country USA	Zip	Country

4. FEI Number 84-1698576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAGER, ORA
10764 S.W. 133RD TERRACE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name IRA ZAGER
Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE SUITE 105
CORAL GABLES
City FL Zip Code 33146

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, 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, 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	PSTD	☐ Delete
NAME	ZAGER, IRA	
STREET ADDRESS	10764 S.W. 133RD TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Ira Z President 4/10/06 3056630433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
IRA ZAGER PRESIDENT