



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000044206</b> 1. Entity Name <b>I.R.A. MORTGAGE CORP.</b>	
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<b>Principal Place of Business</b> 16463 NE 27TH PLACE SUITE 14 NORTH MIAMI BEACH, FL 33160 US	<b>Mailing Address</b> 16463 NE 27TH PLACE SUITE 14 NORTH MIAMI BEACH, FL 33160 US
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**DO NOT WRITE IN THIS SPACE**

  
04172005 No Chg-P CR2E034 (10/03)  
4. FEI Number **65-0416660** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**  
  
BARAZ, IRA  
16463 NE 27TH PLACE  
SUITE 14  
NORTH MIAMI BEACH, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARAZ, IRA 16463 NE 27TH PLACE NORTH MIAMI BEACH, FL
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U000000317019  
04/20/05-80001-018 150.00  
**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4/15/05**  
Daytime Phone #