

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90294 030 ***150.00

DOCUMENT # P94000037154

1. Entity Name
IRA ELBLONK & ASSOCIATES, INC.



Principal Place of Business

~~1030 LAKE AVE SUITE C~~
~~LAKE WORTH, FL 33460~~

5700 Lake Worth Rd. Ste 308B
Lake Worth, FL 33463

Mailing Address

~~1030 LAKE AVE SUITE C~~
~~LAKE WORTH, FL 33460~~

5700 Lake Worth Rd. Ste 308B
Lake Worth, FL 33463

DO NOT WRITE IN THIS SPACE

04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0494871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELBLONK, IRA

~~1030 LAKE AVE SUITE C~~
~~LAKE WORTH, FL 33460~~

5700 Lake Worth Rd. Ste 308B
Lake Worth, FL 33463

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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

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 PD
NAME ELBLONK, IRA
STREET ADDRESS ~~1030 LAKE AVE SUITE C~~ 5700 Lake Worth Rd. Ste 308B
CITY-ST-ZIP ~~LAKE WORTH, FL 33460~~ Lake Worth, FL 33463

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA ELBLONK PRES.

Date

Daytime Phone #

4/21/06 561 439-8500