2007 FOR PROFIT CORPORATION ANNUAL REPORT

,

FILED Apr 19, 2007 08:00 A Secretary of State

		REPORT		- 1	Ť S	Secretary of Sta
DOCUMENT # P94000037154						occicially of Sta
1. Entity Nan IRA ELBI	ne LONK & ASSOCIATES, INC.)		
Principal Plac	ce of Business	Mailing Address				
5700 LAKE	WORTH RD STE 300 B H, FL 33463	5700 LAKE WORTH RD STE 30 LAKE WORTH, FL 33463	00 B	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. (#1) when #0)((00()) DE	
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to be the state of the same			ه چار در ولکې پرون	65-049		Not Applicable
				5. Certificate	of Status Desired	See Required
. :	6. Name and Address of Current R	egistered Agent				
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ELBLONK, IRA 5700 LAKE WORTH RD STE 308B				DO	NOT W	RITE
LAKE WORTH, FL 33463			[:::	- Francis - Francis - 558	THIS SF	골골하시다 시간함 기능 가는 기술이 되었다. 시선 유명이 가나를
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	e named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or registe	ered agent, or bot	h, in the State of Flo	rida. I am familiar with, and accept
i ie obliga	norta or registered agents.					
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registere	id Agent signature require	rd when reinstating)	·	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	neing \$5	5.00 May Be ded to Fees		
10.	OFFICERS AND D	IRECTORS	Τ.		34	J
TITLE	PD		1			
NAME	ELBLONK, IRA					
STREET ADDRESS CITY-ST-ZIP	5700 LAKE WORTH RD STE 308E LAKE WORTH, FL 33463	,			· Fee .	
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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: _

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRES

4/17/07

161 439-8100

Daytime Phone #