## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037154

1. Entity Name

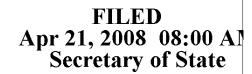
IRA ÉLBLONK & ASSOCIATES, INC.



Principal Place of Business

5700 LAKE WORTH RD STE 300 B LAKE WORTH, FL 33463 Mailing Address

5700 LAKE WORTH RD STE 300 B LAKE WORTH, FL 33463





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01142008 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 5700 LAKE WORTH RD STE 308B LAKE WORTH, FL 33463

## 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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		U00000910053 05/06/00-90094-015 150 00				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELBLONK, IRA 5700 LAKE WORTH RD STE 308B LAKE WORTH, FL 33463							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE				
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:

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IAA ELBLINK PRES.

4/19/0

161439-8500

Daytime Phone