

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000092513

1. Entity Name
I WAREHOUSES, INC.



Principal Place of Business
265 SUNRISE AVENUE
SUITE 204
PALM BEACH, FL 33408

Mailing Address
7900 WISCONSIN AVENUE
SUITE 403
BETHESDA, MA 20814 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554327
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F
265 SUNRISE AVENUE
SUITE 204
PALM BEACH, FL 33408

**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 file 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

000000413190
02/10/06-80076-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, ALVIN I
STREET ADDRESS 2500 S. OCEAN BLVD., #2B2
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE T
NAME HARAB, CHARLES
STREET ADDRESS 7900 WISCONSIN AVE., #403
CITY-ST-ZIP BETHESDA, MD 20814

TITLE S
NAME GANDAL, LARRY N
STREET ADDRESS 7900 WISCONSIN AVE., #403
CITY-ST-ZIP BETHESDA, MD 20814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Charles Harab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 301-656-5998
Date Daytime Phone #

Charles Harab, Treasurer