

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000035794		
1. Entity Name IRMA OF VERO BEACH, INC.		
Principal Place of Business 777 37TH ST. VERO BEACH, FL 32960	Mailing Address 777 37TH ST. VERO BEACH, FL 32960	
DO NOT WRITE IN THIS SPACE		
		 02022004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1856595 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W 756 BEACHLAND BLVD. VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<p>U000000052016 02/16/04-80074-018 150.00</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMES, DONALD 777 37TH ST. VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIJETILLEKE, ASOKA 777 37TH ST. VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIELINSKI, THEODOR V 777 37TH ST. VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, N. KEITH 633 LAKE DR. VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, GEMMA I 777 37TH ST. VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBS, WILLIAM K 777 37TH ST. VERO BEACH, FL 32960	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 10 Feb 04 Daytime Phone #: 772-778-1122