2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000020194

1. Entity Name

IVR REALTY, INC.



FILED May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1451 OCEAN DRIVE SUITE 104

1451 OCEAN DRIVE

STE 104

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

US



04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0863555 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE STE 702 CORAL GABLES, FL 33134

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The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office or registered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
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, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

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	10.	OFFICERS AND DIRECTORS		
	TITLE	PD	_	
	NAME	GARCIA, ALEX A		
ļ	STREET ADDRESS	9211 KENDALE BLVD		
	CITY-ST-ZIP	MIAMI, FL 33176		

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STREET ADDRESS 12428 NORTH BAYSHORE DRIVE CITY-ST-ZIP MIAMI, FL 33181 TITLE

VD

CARMENATE, ELOY

PEREZ, RAFAEL A NAME 201 ALHAMBRA CIRCLE 702 STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-SI-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY - ST- ZIP

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12. I hereby certify that the information supplied with this filling 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 attachme

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #