

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90239 032 \*\*\*150.00

AV

**DOCUMENT # P98000042658**

1. Entity Name  
**INTERNATIONAL REALTY TRUST, INC.**



Principal Place of Business  
**2451 MCMULLEN BOOTH ROAD STE 312  
CLEARWATER FL 33759**

Mailing Address  
**2451 MCMULLEN BOOTH ROAD STE 312  
CLEARWATER FL 33759**

14022021



2. Principal Place of Business

3. Mailing Address  
**2451 McMullen Booth Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Ste. 312**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Clearwater FL**

4. FEI Number **59-3508903**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33759 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANAF CORPORATION  
2451 MCMULLEN BOOTH ROAD  
SUITE 312  
CLEARWATER FL 33759**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FARANTOS, G N 2451 MCMULLEN BOOTH RD STE 312 CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST APONTE, CARLOS 2451 MCMULLEN BOOTH RD STE 312 CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for 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 the information of the corporation or the receiver or trust is not being changed, or on an attachment with a change, required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

*[Handwritten Signature]*

**4-27-04 (727) 7990111**

CR2E034 (10/02)