2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053428

1. Entity Name

INTERNATIONAL RESOURCE MANAGEMENT, INC.

6. Name and Address of Current Registered Agent



Principal Place of Business

GARTLAN, PAUL V

MIAMI, FL 33126

7270 N.W. 12TH ST., STE. 680

7270 N.W. 12TH ST., STE. 680 MIAMI, FL 33126 US

Mailing Address

7270 N.W. 12TH ST., STE. 680 MIAMI, FL 33126 US

FILED Jan 21, 2005 8:00 am Secretary of State

01-21-2005 90053 034 ***158.75

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DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0925968 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

							FACE	
8. The above the obligat	e named entity submits this statement for the putions of registered agent.	rpose of changing its re	gistered	office or re	egistered agent, or bo	th, in the State of	Florida. I am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: R	Registered	Agent signature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	·
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaigr Trust Fund Contrib		ing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS		:	y	*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GARTLAN, PAUL V 7270 N.W. 12TH ST., STE. 680 MIAMI, FL 33126							
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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 charged, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMBAR SANTARIAS MANTE

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1-18-05

Daytime Phone #