

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90094 001 \*\*\*500.00

34000319



DOCUMENT # L03000015980			
1. Entity Name INTEGRATED DOCUMENT SOLUTIONS LLC			
Principal Place of Business 19101 MYSTIC PT. DR. 2808 AVENTURA, FL 33180		Mailing Address 1755 NE 164TH ST. 2ND. FLOOR NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		3511 W. COMMERCIAL BLVD. (Suite, Apt. #, etc.) 200	
City & State		City & State FT LAUDERDALE	
Zip	Country	Zip	Country
		FLORIDA, 3309 BROWARD	
4. FEI Number		Applied For	
N/A		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRONSTEIN, DINA 1755 NE 164TH ST. 2ND. FLOOR NORTH MIAMI BEACH, FL 33162		Name NINA-BROJSTEIN Street Address (P.O. Box Number is Not Acceptable) 3511 W. COMMERCIAL BLVD SUITE 200 City FT LAUDERDALE FL Zip Code 33309	
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		DATE 2/24/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRONSTEIN, HILLEL 1755 NE 164TH. ST. N.M.B., FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROJSTEIN, HILLEL 3511 W. COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNG DAGAN, YANIV 1755 NE 164TH. ST. N.M.B., FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNG DAGAN, YANIV 3511 W. COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		DATE: 2/24/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Attachment  
34006314

**Hillel Bronstein**

19101 Mystic Pt. Dr. #2808  
Aventura FL. 33180  
Tel:305-931-5797  
Fax:305-931-1235  
Cell:305-218-0600  
Email:hillelbron@aol.com

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Reference No. L0300015980

To whom it may concern:

This letter is in response to your correspondence dated May 6, 2004.

Please be advised that there is no IRS issued FEIN number for this LLC. This LLC does not have any cash flow nor does it make any payments to employees. Therefore an FEIN number is not require by the IRS.

I have inclosed the Annual Report as well as the your correspondence. I have placed an "N/A" where the FEIN number should be to reflect what was written above.

Sincerely,



Hillel Bronstein