


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000009593

1. Entity Name
I.D.A. CORPORATION



Principal Place of Business Mailing Address

**912 HIALEAH STREET
 ROCKLEDGE FL 32955** **912 HIALEAH STREET
 ROCKLEDGE FL 32955**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0371535** Applied For
 Not Applicable

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	
KIRSNER, MARVIN A 2255 GLADES ROAD STE 419A BOCA RATON FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSNER, HYMAN A			U00000034297			
STREET ADDRESS	34 STAR ISLAND			02/05/04-80079-002 150.00			
CITY-ST-ZIP	MIAMI BEACH FL 33139						
TITLE	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSNER, IDA						
STREET ADDRESS	34 STAR ISLAND						
CITY-ST-ZIP	MIAMI BEACH FL 33139						
TITLE	DPST	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSNER, STEVEN						
STREET ADDRESS	912 HIALEAH STREET						
CITY-ST-ZIP	ROCKLEDGE FL 32955						
TITLE	DAS	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSNER, MARVIN						
STREET ADDRESS	5868 HAMILTON WAY						
CITY-ST-ZIP	BOCA RATON FL 33496						
TITLE		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

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: _____ **1/23/2004 (321)639-1388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #