

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90278 001 ***300.00

DOCUMENT # P92000009593

1. Entity Name
I.D.A. CORPORATION



Principal Place of Business
912 HIALEAH STREET
ROCKLEDGE, FL 32955

Mailing Address
912 HIALEAH STREET
ROCKLEDGE, FL 32955

66000066



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State
Zip Country

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
KIRSNER, MARVIN A
2255 GLADES ROAD STE 419A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5100 Town Center Circle, Suite 400
City Boca Raton FL Zip Code 33486

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, HYMAN A 34 STAR ISLAND MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, IDA 34 STAR ISLAND MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KIRSNER, STEVEN 912 HIALEAH STREET ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS KIRSNER, MARVIN 5868 HAMILTON WAY BOCA RATON, FL 33496	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Steven A. Kirsner 912 Hialeah Street Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ida Kirsner 34 Star Island Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Marvin A. Kirsner 5100 Town Center Circle, Suite 400 Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald M. Kirsner 5100 Town Center Circle, #400 Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Kovens Goldberg 5100 Town Center Circle, #400 Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harry M. Kirsner 5100 Town Center Circle, #400 Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: Marvin A. Kirsner Date 1/12/06 Daytime Phone # 561 955 7600