

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 010 ***150.00

DOCUMENT # G00616

1. Entity Name

I.D.E.A. INSURANCE AGENCY, INC.



Principal Place of Business

7490 WEST FLAGLER ST
MIAMI FL 33144

Mailing Address

7490 WEST FLAGLER ST
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

770 CLAUGHTON IS. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

912

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131 MIAMI

4. FEI Number

59-2233296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORREA, JENNY
1001 SW 92ND AVENUE
MIAMI FL 33174

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, 2008 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 P ☐ Delete
NAME CORREA, JENNY
STREET ADDRESS 1001 SW 92 AVENUE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☒ Change ☐ Addition
NAME 770 CLAUGHTON ISLAND DR.
STREET ADDRESS # 912
CITY-ST-ZIP MIAMI, FL. 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Days/Hours/Phone #