


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 398408</b>                                   |  |
| 1. Entity Name<br><b>IDEAL LUMBER &amp; HARDWARE, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>1875 EAST 4TH AVE<br/>HIALEAH FL 33010<br/>US</b> | Mailing Address<br><b>1875 EAST 4TH AVENUE<br/>HIALEAH FL 33010<br/>US</b> |
|---|--|

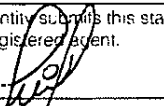


|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E034 (10/07)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>CRESPO, ARIEL<br/>534 SW 96 CT<br/>MIAMI FL 33174</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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   | DATE <b>2/6/08</b> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>CRESPO, LUIS</b>             |
| STREET ADDRESS             | <b>13521 SW 6TH STREET</b>      |
| CITY-STATE-ZIP             | <b>MIAMI FL</b>                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>D ALAIN CRESPO</b>           |
| STREET ADDRESS             | <b>13521 SW 6TH ST</b>          |
| CITY-STATE-ZIP             | <b>MIAMI FL</b>                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>V CRESPO, ARIEL</b>          |
| STREET ADDRESS             | <b>534 SW 96 CT</b>             |
| CITY-STATE-ZIP             | <b>MIAMI FL 33174</b>           |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>S CRESPO, JR, LUIS</b>       |
| STREET ADDRESS             | <b>534 SW 96 AVE</b>            |
| CITY-STATE-ZIP             | <b>MIAMI FL 33174</b>           |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-STATE-ZIP             |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-STATE-ZIP             |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>U00000829369</b>   |
| STREET ADDRESS  | <b>02/26/08-80037-018 150.00</b>                                  |
| CITY-STATE-ZIP  |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-STATE-ZIP  |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-STATE-ZIP  |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-STATE-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

**2/6/08 (305) 8880188**