

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 494825

1. Entity Name
IDEAL CORPORATION



Principal Place of Business
**1143 W. FLAGLER ST.
MIAMI, FL 33130**

Mailing Address
**1143 W. FLAGLER ST.
MIAMI, FL 33130**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1684041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, BERNARDINO
1143 W. FLAGLER ST.
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, BERNARDINO
STREET ADDRESS	1851 S.W. 95TH CT.
CITY- ST- ZIP	MIAMI, FL
TITLE	VPD
NAME	RODRIGUEZ, MARTHA
STREET ADDRESS	1851 S.W. 95TH CT.
CITY- ST- ZIP	MIAMI, FL
TITLE	VPD
NAME	RODRIGUEZ, JORGE L
STREET ADDRESS	1143 W. FLAGLER ST.
CITY- ST- ZIP	MIAMI, FL 33130
TITLE	SD
NAME	GONZALEZ, JOSHUA
STREET ADDRESS	1143 W. FLAGLER ST.
CITY- ST- ZIP	MIAMI, FL 33130
TITLE	TD
NAME	RODRIGUEZ, MARTHA B
STREET ADDRESS	1143 W. FLAGLER ST.
CITY- ST- ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UOC000684640

04/06/07-80041-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytime Phone # _____