


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 676318</b> 1. Entity Name IDEAL SUPPLY, INC.		
Principal Place of Business 4321 NE 12TH TERR OAKLAND, PARK, FL 33334		Mailing Address 4321 NE 12TH TERR OAKLAND, PARK, FL 33334
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FINLAY, EDUARDO R. 9350 S.W. 83 AVENUE MIAMI, FL 33156		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANRESA, JORGE F 1101 NW 48 ST FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, MIGUEL A 2539 SOUTH BAYSHORE DRIVE, #412 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINLAY, EDUARDO R 9350 SW 83 AVENUE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: <u>Miguel A. Rodriguez</u> Sec./Trea. 4/25/06 (954)563-5855 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2174433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000546336  
05/11/06-80109-025 150.00

**DO NOT WRITE  
IN THIS SPACE**