


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L81013
1. Entity Name
IDEAL MANAGEMENT COMPANY



Principal Place of Business Mailing Address
5901 S.W. 74TH ST. 5901 S.W. 74TH ST.
SUITE 407 SUITE 407
MIAMI, FL 33143-5164 US MIAMI, FL 33143-5164 US



DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0204412 Not Applicable.

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

6. Name and Address of Current Registered Agent

BROWN, GARY A
5901 S.W. 74TH ST.
SUITE 407
MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BROWN, GARY A
STREET ADDRESS	5901 S.W. 74TH ST., STE. 407
CITY-ST-ZIP	MIAMI, FL
TITLE	VAS
NAME	BROWN, HAROLD
STREET ADDRESS	7300 PONCE DELEON RD.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	WYNN, PATRICIA J
STREET ADDRESS	5901 S.W. 74TH ST., STE. 407
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80039-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 emp[loyees].

SIGNATURE: _____ Date: 1/20/05 Daytime Phone #: 3050628999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR