

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90400 042 ***150.00

DOCUMENT # P01000000167	
1. Entity Name I.D.M. ARTS, INC.	

Principal Place of Business 6103 BOCA COLONY DRIVE 1425 BOCA RATON, FL 33433	Mailing Address 6103 BOCA COLONY DRIVE 1425 BOCA RATON, FL 33433
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14013522



2. Principal Place of Business →	3. Mailing Address 6103 BOCA COLONY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1425

04282005 Chg-P CR2E034 (10/03)

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33433	Country USA

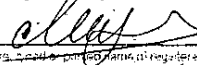
4. FEI Number 65-1076850	Applied for ☐
5. Certificate of Status Desired ☐	Not Applicable ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent MIRVELOV, IGOR 6103 BOCA COLONY DRIVE 1425 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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:  DATE: **4.30.05**

Signature of the principal registered agent and state in parentheses.

(NOTE: Registered Agent's signature required when reappointing)

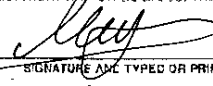
DATE

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
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 empowered.

SIGNATURE:  **IGOR MIRVELOV** 4.30.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #