


FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90025 007 ***550.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

7/1

DOCUMENT # P01000012615					
1. Entity Name IBIDAMERICA, INC.					
Principal Place of Business 760 E. MCNAB ROAD POMPANO BEACH, FL 33060		Mailing Address 760 E. MCNAB ROAD POMPANO BEACH, FL 33060			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3699304	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKLEY, STEVE 760 E. MCNAB ROAD POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is 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 _____ <small>Signatures, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-elected)</small> DATE _____					
FILE NOW!! FEB IS \$850.00 Due by September 6, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE NONE, NONE NONE NONE, FL NONE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilbert Singerman #202 934 N. University Dr. Coral Springs FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P SPANIAK, GARY JR 934 N. UNIVERSITY DRIVE, #202 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKLEY, STEVE 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, STEVEN K 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACHMARIK, GEORGE DR. 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLIN, ROBERT 934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(f), 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 807, 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>Steve Markley CEO 7/20/04 9547862510</u>					