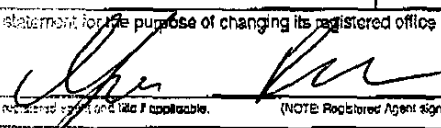


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91052 002 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000030611 1. Entity Name ID INVESTMENTS, INC.						140008999	
Principal Place of Business 2812 NW 35 ST MIAMI, FL 33142				Mailing Address 2812 NW 35 ST MIAMI, FL 33142			
2. Principal Place of Business 18090 COLLINS AVE Suite, Apt. #, etc. SUIT T15 City & State NMB FL				3. Mailing Address 18090 COLLINS AVE Suite, Apt. #, etc. SUIT T15 City & State NMB FL			
Zip 33160		County DADG		Zip 33160		County DADG	
4. FEI Number 04-3643018				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FISHMAN, JACOB 1336 NW 15 ST MIAMI, FL 33125				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:  DATE: _____ Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)							
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	1/ FISHMAN, JACOB 1336 NW 15TH STREET MIAMI, FL 33125 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2/ PALINSKY, JULIA 2812 NW 35TH ST MIAMI, FL 33142 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/ ZALICHMAN, DAVID 2812 NW 35TH ST MIAMI, FL 33142 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			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 attached front sheet of address, with all other like empowered.							
SIGNATURE:  DATE: _____ Daytime Phone: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							