

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P02000047095

1. Entity Name
INVESTING IDEAS, INC.



Principal Place of Business
2321 NE 211 STREET
NORTH MIAMI BEACH, FL 33180

Mailing Address
2321 NE 211 STREET
NORTH MIAMI BEACH, FL 33180



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0500718

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, GILBERTO
2321 NE 211 ST
N MIAMI BCH, FL 33180

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUIZ, GILBERTO
STREET ADDRESS 2321 NE 211 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE D
NAME VASQUEZ, MARIA P
STREET ADDRESS 2321 NE 211 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000733204
05/09/07-80069-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERTO RUIZ

04/19/07

Date

786 395 0023

Daytime Phone #