

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000060208**  
 1. Entity Name  
**ONCO IDEAS, INC.**



Principal Place of Business 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963	Mailing Address 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
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**ZETAfax**



**DO NOT WRITE IN THIS SPACE**

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0130044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLACKWICH, ALAN S SR.  
 3333 20TH STREET  
 VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**

7. 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 registrant agent and filer if applicable. (NOTE: Registered Agent signature required when re-adding)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

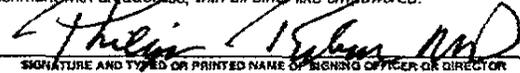
8. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000131501  
 04/27/04-80007-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO RUBIN, PHILIP M.D. 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO RUBIN, CLIFFORD A 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUBIN, BARBARA L 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SONI, ARVIND 1805 EAST SANDPOINTE PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:**  **April 21, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year LK