


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90200 040 \*\*\*150.00

<b>DOCUMENT # P02000060585</b> 1. Entity Name <b>IDEAS &amp; STRATEGIC PROJECTS, INC.</b>					
Principal Place of Business <b>200 NE 2ND DR HOMESTEAD, FL 33030</b>			Mailing Address <b>C/O ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1441 BRICKELL AVE 1400</b>			
City & State City: <b>MIAMI, FL</b>		City & State City: <b>MIAMI, FL</b>		4. FEI Number <b>04-3683075</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name: <b>ROBERT ALLEN LAW</b> Street Address (P.O. Box Number is Not Acceptable): <b>1441 BRICKELL AVE</b> <b>SUITE 1400</b> City: <b>MIAMI</b> <b>FL</b> Zip: <b>33131</b>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CALDERON, FRANCISCOS 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Calderon, FRANCISCOS 1441 Brickell Avenue ste 1400 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS BONAVITA, UMBERTO 1441 Brickell Avenue ste 1400 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <i>Umberto Bonavita</i> <b>4/27/05 305-372-3300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					