


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90024 044 ***150.00

DOCUMENT # *P02000088319*

1. Entity Name
IDA'S PLACE.



DO NOT WRITE IN THIS SPACE

94021257

2. Principal Place of Business
1320 NE 117 Street.
Suite, Apt. #, etc.
NORTH MIAMI
City & State
FLA. 33161
Zip
FLA Country
USA

3. Mailing Address
15130 WHETSTONE WAY
Suite, Apt. #, etc.
DAVIE
City & State
FLA 33331
Zip
33331 Country
U.S.A

4. FEI Number _____ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
IDA'S PLACE c/o JOYCELYN ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
15130 WHETSTONE WAY

City
DAVIE FL Zip Code
33331

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 *J. Anderson* *JoyceLYN Anderson* *(Director)* *J. Anderson* *2/23/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR JoyceLYN ANDERSON 15130 WHETSTONE WAY FORT. LAUD. FLA 33331</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MANAGER Dennis ANDERSON 15130 WHETSTONE WAY FORT LAUD. FLA 33331</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Anderson* *JoyceLYN Anderson* *(Director)* *2/23/04* *954-4341130*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)