


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90081 016 \*\*\*150.00

<b>DOCUMENT # P02000101643</b>	
1. Entity Name IDF SYSTEMS, INC.	

Principal Place of Business 2550 ROYAL PALM WAY WESTON FL 33327	Mailing Address 2550 ROYAL PALM WAY WESTON FL 33327
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number AP-PLIED FOR	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  JACOBS, KEVIN ESQ THE FOUR SEASONS TOWER 1441 BRICKELL AVENUE, STE 1200 MIAMI FL 33131
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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	D KANAREK, MIKE LEE 2550 ROYAL PALM WAY WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	D PROTO, RANDY S 2550 ROYAL PALM WAY WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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:**  **RANDY S PROTO** **2/22/07** **636 536 9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #