

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109179

Entity Name: IDEAL-USA, CORP.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

12497 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225

New Principal Place of Business:

9904 WINDWATER CT
JACKSONVILLE, FL 32256

Current Mailing Address:

12497 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225

New Mailing Address:

9904 WINDWATER CT
JACKSONVILLE, FL 32256

FEI Number: 37-1444976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, SAMUEL
12497 CLIFFROSE TRAIL
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

DIAZ, SAMUEL
9904 WINDWATER CT
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: SAMUEL DIAZ

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, SAMUEL
Address: 12497 CLIFFROSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: V () Delete
Name: ALVAREZ, VIRGINIA
Address: 12497 CLIFFROSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, SAMUEL
Address: 9904 WINDWATER CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change () Addition
Name: ALVAREZ, VIRGINIA
Address: 9904 WINDWATER CT
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL DIAZ

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date