

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000109244

1. Entity Name
IDEAL INTERNATIONAL WHOLESALE, INC.



Principal Place of Business
**1606 NW 38TH AVE
LAUDERHILL, FL 33311**

Mailing Address
**675 SW 51ST AVENUE
MARGATE, FL 33068**



08272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1537589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALBERT, ISAAC
675 SW 51ST AVENUE
MARGATE, FL 33068**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALBERT, ISAAC
STREET ADDRESS	675 SW 51ST AVENUE
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	D
NAME	DOMINIQUE, MARC
STREET ADDRESS	3440 NW 37TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	JOSEPH, WHAN S
STREET ADDRESS	8901 NW 24TH STREET
CITY-ST-ZIP	SUNRISE, FL 333223223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/02/04-80001-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: ISAAC ALBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

08/28/04

954-540 8038