

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 023 ***158.75

DOCUMENT # P03000001732					
1. Entity Name IDMWONT, INC.					
Principal Place of Business 2080 NW 78TH AVENUE SUNRISE, FL 33322			Mailing Address 2080 NW 78TH AVENUE SUNRISE, FL 33322		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04302004 Chq-P CR2E034 (10/03)	
4. FEI Number 22-3893489				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROWE, GLADSTON 2080 NW 78TH AVENUE SUNRISE, FL 33322			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>GLADSTON ROWE</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/30/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DV	NAME ROWE, STACY-ANN N		<input type="checkbox"/> Delete	TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2080 NW 78TH AVENUE	STREET ADDRESS 2080 NW 78TH AVENUE		CITY - ST - ZIP SUNRISE, FL 33322	CITY - ST - ZIP SUNRISE, FL 33322	
TITLE DV	NAME ROWE, PETAGAY M.		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2080 NW 78TH AVENUE	STREET ADDRESS 2080 NW 78TH AVENUE		CITY - ST - ZIP SUNRISE, FL 33322		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 		CITY - ST - ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 		CITY - ST - ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 		CITY - ST - ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/30/04</i> 954- <small>Daytime Phone #</small>		