

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-08-2004 90001 026 ***150.00

DOCUMENT # P03000049976 1. Entity Name IDA GENTILE, INC.																											
Principal Place of Business 9200 S DADELAND BLVD #218 MIAMI, FL 33156		Mailing Address 9200 S DADELAND BLVD #218 MIAMI, FL 33156																									
2. Principal Place of Business 3929 Ponce de Leon Blvd. Suite, Apt. #, etc. 2nd Floor City & State Coral Gables, FL Zip 33134		3. Mailing Address 3929 Ponce de Leon Blvd. Suite, Apt. #, etc. 2nd Floor City & State Coral Gables, FL Zip 33134																									
4. FEI Number 77-0598754		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ROSALLES, ANA 9200 S DADELAND BLVD #218 MIAMI, FL 33156		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE P NAME LOTZ, ROSANE STREET ADDRESS 9200 S DADELAND BLVD #218 CITY-ST-ZIP MIAMI, FL 33156 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="width: 50%; padding: 2px;"> TITLE P NAME LOTZ, ROSANE STREET ADDRESS 3929 Ponce de Leon Blvd, 2nd Floor CITY-ST-ZIP Coral Gables, FL 33134 </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO RIQUE SOUZA, LILIANE 9200 S DADELAND BLVD #218 MIAMI, FL 33156 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO RIQUE SOUZA, LILIANE 3929 Ponce de Leon Blvd. 2nd Floor Coral Gables, FL 33134 </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE P NAME LOTZ, ROSANE STREET ADDRESS 9200 S DADELAND BLVD #218 CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE P NAME LOTZ, ROSANE STREET ADDRESS 3929 Ponce de Leon Blvd, 2nd Floor CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO RIQUE SOUZA, LILIANE 9200 S DADELAND BLVD #218 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO RIQUE SOUZA, LILIANE 3929 Ponce de Leon Blvd. 2nd Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/3/04																									
Daytime Phone # 305-441-0701																											

66429386



06042004 Chg-P CR2E034 (10/03)



GARCIA, ESPINOSA, MIYARES

AND COMPANY, LLP

Attachment
66429386

June 3, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: IDA Gentile, Inc.

- Document # P03000049976-
Annual Report Filing 2004

Dear Sir or Madam:

This letter is regarding the reinstatement for IDA Gentile, Inc. It has been brought to our attention that our client has not received an annual report. After speaking with a representative at the Department of State we came to the conclusion that an incorrect address is on file with the State. Our client was not able to locate the original Uniform Business Report Filing that was mailed to the incorrect address. Please find enclosed a check in the amount of \$150.00 for the reinstatement of the above mentioned corporation. We are requesting that the penalties and interests for late filing of the Annual Report be abated due to this misunderstanding.

Please up date your records to reflect the correct address as follows:

<u>Place of Business:</u> 3929 Ponce De Leon Blvd. 2 nd Floor Coral Gables, FL 33134	<u>Mailing Address:</u> 3929 Ponce De Leon Blvd 2 nd Floor Coral Gables, FL 33134
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If you have any questions, please feel free to contact me. Thank you in advance for your prompt attention regarding this matter.

Sincerely,
GARCIA, ESPINOSA, MIYARES & CO, LLP.


Terry Reyes
For the Firm

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

100 ALMERIA AVENUE, SUITE 230, CORAL GABLES, FL 33134
T 305.329.0345 / F 305.329.5401

2999 N.E. 191ST STREET, FIFTH FLOOR, AVENTURA, FL 33180
T 305.329.5442 / F 305.675.7652
www.gemco-cpa.com