

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90002 034 ***150.00

DOCUMENT # P03000053794 1. Entity Name SOMETHING IDEAL, INC.			
Principal Place of Business 331 85 ST, APT 25A MIAMI BEACH, FL 33141		Mailing Address 331 85 ST, APT 25A MIAMI BEACH, FL 33141	
2. Principal Place of Business 100 Bayview Dr Suite, Apt. #, etc. STE 202B		3. Mailing Address 100 Bayview Dr Suite, Apt. #, etc. STE 202B	
City & State N. MIAMI BCH, FL Zip 33160		City & State N. MIAMI BCH, FL Zip 33160	
4. FEI Number 51-0468868		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 MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE, 2ND FL CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</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 NAME STREET ADDRESS CITY-ST-ZIP	D KUSCHNIR, ARI 19333 COLLINS AVE, APT 410 SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUSCHNIR, ARI 19333 COLLINS AVE APT 410 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRIFT, SCOTT 331 85 ST APT 25A MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THRIFT, SCOTT 455 HUDSON ST New York, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSCHNIR GOLDFARB, DAVID 100 Bayview Dr STE 202B N MIAMI BCH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KUSCHNIR GOLDFARB, DAVID 100 Bayview Dr STE 202B N MIAMI BCH, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
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>		3/18/04 <small>Date Daytime Phone #</small>	

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