## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000053794

Entity Name: SOMETHING IDEAL, INC.

FILED Jan 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 68 GREENPOINT AVE. BROOKLYN, NY 11222 **New Mailing Address: Current Mailing Address:** 19333 COLLINS AVE 68 GREENPOINT AVE. NORTH MIAMI BEACH, FL 33160 BROOKLYN, NY 11222 US FEI Number: 51-0468868 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDFARB KUSCHNIR, DAVID KUSCHNIR, ARI 283 CATALONIA AVE, 2ND FL 19333 COLLINS AVE CORAL GABLES, FL 33134 410 SUNNY ISLES, FL 33160 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: ARI KUSCHNIR 01/21/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition

Title: DP ( ) Delete Title: ( ) Change ( ) Addition Name: KUSCHNIR, ARI Name: Address: 68 GREENPOINT AVE. #4 Address: City-St-Zip: BROOKLYN, NY 11222 City-St-Zip:

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: City-St-Zip:

 Title:
 DVP ( ) Delete
 Title:

 Name:
 THRIFT, SCOTT
 Name:

 Address:
 68 GREENPOINT AVE. #4
 Address:

 City-St-Zip:
 BROOKLYN, NY 11222
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARI KUSCHNIR VP 01/21/2008