

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097358

**FILED**  
**Mar 31, 2008**  
**Secretary of State**

**Entity Name:** IDEALNET INTERNATIONAL, CORP.

**Current Principal Place of Business:**

10929 NW 67TH STREET  
MIAMI, FL 33178

**New Principal Place of Business:**

8319 NW 64 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

10929 NW 67TH STREET  
MIAMI, FL 33178

**New Mailing Address:**

8319 NW 64 STREET  
MIAMI, FL 33166

**FEI Number:** 20-0201630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIOS, LEOPOLDO J  
1800 W. 49TH STREET  
SUITE 301  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

PEREZ, MILTON J  
4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 31178 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: MILTON PEREZ

03/31/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DIAZ, HUGO  
Address: 10929 NW 67TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: VS ( ) Delete  
Name: URQUIOLA, MARIA E  
Address: 10929 NW 67TH STREET  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: DIAZ, HUGO  
Address: 8319 NW 64 STREET  
City-St-Zip: MIAMI, FL 33166

Title: VS (X) Change ( ) Addition  
Name: URQUIOLA, MARIA E  
Address: 8319 NW 64 STREET  
City-St-Zip: MIAMI, FL 33166

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: MARIA ELENA URQUIOLA

VP

03/31/2008

Electronic Signature of Signing Officer or Director

Date