


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90047 050 ***150.00

DOCUMENT # P04000046297

1. Entity Name
IDEAS IN WOOD CORPORATION



Principal Place of Business Mailing Address
12836 SW 17 TERRACE **12836 SW 17 TERRACE**
MIAMI, FL 33175 **MIAMI, FL 33175**



2. Principal Place of Business 3. Mailing Address
9460 NW 13 ST

Suite, Apt. #, etc. Suite, Apt. #, etc.
RAY #69

City & State City & State
DORAL, FL

Zip Country Zip Country
33172 **MIAMI DADE**

02022005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
55-0860567 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRERAS, OMAR
12836 SW 17 TERRACE
MIAMI, FL 33175

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PD BARRERAS, OMAR 12836 SW 17 TERRACE MIAMI, FL 33175 <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:  **OMAR BARRERAS** Date **2/2/05** Daytime Phone # **(305) 944-1594**