

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90085 018 ***150.00

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DOCUMENT # P04000069667 1. Entity Name IDF ENTERPRISES, INC.					
Principal Place of Business 5325 CEDAR LAKE ROAD #10-211 BOYNTON BEACH, FL 33437			Mailing Address 5325 CEDAR LAKE ROAD #10-211 BOYNTON BEACH, FL 33437		
2. Principal Place of Business 5205 CEDAR LAKE RD 2-27 Suite, Apt. #, etc.		3. Mailing Address 5205 CEDAR LAKE RD 2-27 Suite, Apt. #, etc.			
City & State BOYNTON BCH FL		City & State BOYNTON BCH FL		4. FEI Number 20-1115268	
Zip 33437		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOHE, MARK D C/O M.Y. FUTURE 680 W. INDUSTRIAL AVENUE #4 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name LEONARD P. BROOKS III Street Address (P.O. Box Number is Not Acceptable) 5205 CEDAR LAKE RD 2-27 City BOYNTON BCH FL Zip Code 33437		
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: <u><i>Leonard P. Brooks III</i></u> LEONARD P. BROOKS III PRESIDENT 03-01-05 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BROOKS, LEONARD P III STREET ADDRESS 5325 CEDAR LAKE ROAD #10-211 CITY-ST-ZIP BOYNTON BEACH, FL 33437			TITLE P S D NAME LEONARD P. Brooks III STREET ADDRESS 5205 CEDAR LAKES RD 2-27 CITY-ST-ZIP BOYNTON BCH FL 33437		
TITLE D NAME BROOKS, LEONARD P JR. STREET ADDRESS 32 EAST 8 AVENUE CITY-ST-ZIP CLARION, PA 16214			TITLE VP T D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]			TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]			TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]			TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]		
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: <u><i>Leonard P. Brooks III</i></u> LEONARD P. BROOKS III -PRESIDENT- 561-436-0926 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Date **03/01/05** Daytime Phone #