2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P0400097877 1. Entity Name IDG CONSTRUCTION COMPANY, INC						03-13-20	03 90020	010	130.00
Principal Place of Business Mailing Address 10051 NW 32ND TERRACE 10051 NW 32ND TERRACE DORAL, FL 33172 DORAL, FL 3			32ND TERRACE						
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_				1381 1863
City & State		City & State			02102005 4. FEI Numb	Chg-P	CH2EC	034 (10/03)	plied For
Zip Country		Zip Coun		ıtrv	34-	-2002270			t Applicable
	6. Name and Address of Curren			r		e of Status Desired		Fee Require	
		nt Registered Agent		Name	7. Name and	Address of New I	negistered .	Agent	
	EZ, ARIEL E 32ND TERRACE		Street Add		ss (P.O. Box Number is Not Acceptable)				
DONAL, FI	_ 33172								
¥				City			FL	- 1	
8. The above the obligati	named entity submits this statement ons of registered agent.	for the purpose of changing	its register	ed office or registe	ered agent, or bo	oth, in the State of F	lorida, I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	d Agent signature require	red when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550	9. Election Cam Trust Fund Co		· — +-	5.00 May Be Ided to Fees				
10.	OFFICERS AN	D DIRECTORS	11.	i	ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	GUTIERREZ, ARIEL E	☐ Delete	TITLI NAM	E				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	10051 NW 32ND TERRACE DORAL, FL 33172			ET ADORESS -ST-ZIP					
TITLE NAME	-	☐ Delete	TITL	l			•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITL	l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP					
TITLE		☐ Delete	ŢITLI	E				☐ Change	Addition
name Street address			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			_	-ST-ZIP					
NAME STREET ADDRESS		□ Delete	1	EET ADDRESS				Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP				Chanac	
NAME STREET ADDRESS CITY-ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAM STRE	l				☐ Change	☐ Addition
of the cor	perify that the information supplied on this report or supplied that report or supplied and the received or trustee and or on an attachment with an additional supplier.	nowered to execute his ren	at my signa ort as requi ed.	iture shall have the ired by Chapter 60	e same legal elle i07, Florida Statut	ct as if made under es; and that my nar	ne appears	am an officer in Block 10 o	or director Block 11 if