


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90289 029 \*\*\*150.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P04000132526</b><br>1. Entity Name<br>IDV CORP.   |  |    |   |
| Principal Place of Business<br>1450 BRICKELL BAY DRIVE, STE 1914<br>MIAMI, FL 33131   |  | Mailing Address<br>1450 BRICKELL BAY DRIVE, STE 1914<br>MIAMI, FL 33131   |   |
| 2. Principal Place of Business<br>4600 SW 160 <sup>th</sup> Ave<br>Suite, Apt. #, etc.<br>618   |  | 3. Mailing Address<br>4600 SW 160 <sup>th</sup> Ave.<br>Suite, Apt. #, etc.<br>618  |   |
| City & State<br>Miramar FL  |  | City & State<br>Miramar, FL   |   |
| Zip<br>33027 Country<br>USA   |  | Zip<br>33027 Country<br>USA   |   |
| 4. FEI Number<br>65-1175518   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>DEL VALLE, LYDIA<br>1450 BRICKELL BAY DRIVE, STE 1914<br>MIAMI, FL 33131   |  | 7. Name and Address of New Registered Agent<br>Name<br>Lydia M. del Valle<br>Street Address (P.O. Box Number is Not Acceptable)<br>4600 SW 160 <sup>th</sup> Ave #618<br>City<br>Miramar FL Zip Code<br>33027 |   |
| 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.<br>SIGNATURE: <u>Lydia M del Valle</u> DATE: <u>April 11<sup>th</sup>, 2005</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br>SEPULVEDA, LYDIA E<br>1450 BRICKELL BAY DRIVE, STE 1914<br>MIAMI, FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Lydia M del Valle<br>4600 SW 160 <sup>th</sup> Ave #618<br>Miramar, FL 33027       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPS<br>DEL VALLE, LYDIA<br>1450 BRICKELL BAY DRIVE, STE 1914<br>MIAMI, FL 33131  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Vice President<br>Lydia E. Sepulveda<br>4600 SW 160 <sup>th</sup> Ave #618<br>Miramar, FL 33027 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| 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>Lydia M del Valle</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date: <u>April 11<sup>th</sup>, 2005</u> (305) 322-5408<br><small>Daytime Phone #</small>   |   |