

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000095280

1. Entity Name
GOOD IDEAS ADV. INC.



FILED

08 SEP 25 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10121 NW 52ND TERRACE
DORAL, FL 33178

Mailing Address
10121 NW 52ND TERRACE
DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



09232008 Chg-P CR2E034 (12/06)

4. FEI Number
51-0548765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MARIA P
10121 NW 52ND TERRACE
DORAL, FL 33178

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

MARIA P. PEREZ

09/10/2008

(NOTE: Registered Agent signature required when non-standing)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME PEREZ, MARIA P
STREET ADDRESS 10121 NW 52ND TERRACE
CITY-STATE-ZIP DORAL, FL 33178

TITLE D
NAME PEREZ, MARIA P
STREET ADDRESS 10121 NW 52ND TERRACE
CITY-STATE-ZIP DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

300136339843
09/25/08--01040--022 **150.00

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
MARIA P. PEREZ

09/10/2008 (786) 587-5777

Date Duration Phone #