

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000107968

1. Entity Name
IDB MANAGEMENT, INC.



FILED

06 AUG 23 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4671 COVAIRE BLVD
BOCA RATON, FL 33487

Mailing Address
4671 COVAIRE BLVD
BOCA RATON, FL 33487

IRVING BURKE
4671 Bocaire Blvd.
Boca Raton, Florida 33487

3. Mailing Address

Suite, Apt. # etc.

City & State

07102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3452287

Applied For
Not Applicable

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

Zip
33487

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER & O'NEILL
2300 GLADES RD
STE 400 EAST
BOCA RATON, FL 33431

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	GENERAL PARTNER IRVING BURKE 4671 BOCAIRE BLVD BOCA RATON, FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LIMITED PARTNER DOROTHY BURKE 4671 BOCAIRE BLVD BOCA RATON, FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000574097 03/11/06-80003-012 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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: Dorothy Burke DOROTHY BURKE

8/10/06

561-994-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 8/24