

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000010851

FILED
Apr 26, 2008
Secretary of State

Entity Name: IDEAL LIFESTYLE CONCIERGE, INC.

Current Principal Place of Business:

848 BRICKELL KEY DR
UNIT #4404
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

848 BRICKELL KEY DR
UNIT #4404
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4232442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIPICH, LEILALY C
848 BRICKELL KEY DR
UNIT #4404
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: RIPICH, LEILALY C
Address: 848 BRICKELL KEY DR #4404
City-St-Zip: MIAMI, FL 33131

Title: DVT () Delete
Name: BUTTAFUOCO, FARIBA A
Address: 11260 SW 74 CT
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVT (X) Change () Addition
Name: RIPICH, LEILALY C
Address: 848 BRICKELL KEY DR #4404
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEILALY C RIPICH

Electronic Signature of Signing Officer or Director

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04/26/2008

Date