

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90035 015 \*\*\*150.00

DOCUMENT # P06000131E0G

1. Entity Name

INVESTMENT DEALS CORP.



Principal Place of Business

611 SW 88 CT.  
MIAMI FL 33174

Mailing Address

611 SW 88 CT.  
MIAMI FL 33174

2. Principal Place of Business - No P.O. Box #  
511 SW 88 PLACE WEST

3. Mailing Address  
511 SW 88 PLACE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

Zip  
33174

Country  
USA

Zip  
33174

Country  
USA

4. FEI Number  
20-5723981

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, MELISSA  
611 SW 88 CT.  
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name  
MELISSA L ALCANTARA  
Street Address (P.O. Box Number is Not Acceptable)  
511 SW 88 PLACE WEST

City MIAMI FL Zip Code 33174

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 date of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FLORES, MELISSA L	
STREET ADDRESS	611 SW 88 CT.	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCANTARA, MELISSA L	
STREET ADDRESS	511 SW 88 PLACE WEST	
CITY- ST- ZIP	MIAMI, FL. 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA L ALCANTARA

4/17/2008

305-266-0575

Date

Daytime Phone #