


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 025 ***150.00

DOCUMENT # P93000053667					
1. Entity Name IDIOMATIC OF AMERICA, INC.					
Principal Place of Business 455-500 NE 33RD STREET MIAMI, FL 33137 US			Mailing Address 90 SW 8TH STREET 3RD FLOOR MIAMI, FL 33130 US		
2. Principal Place of Business		3. Mailing Address 90 SW 8TH STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2ND FLOOR #206			
City & State		City & State Miami FL		4. FEI Number 65-0518089	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33130		US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUGOS, JAIME 90 SW 8TH ST 3RD FLOOR MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) 90 SW 8TH STREET 2ND FLOOR #206 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P BRUGOS, JAIME 90 SW 8TH ST 3RD FLOOR MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 SW 8TH STREET #206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERREROS, MARIA A. 90 SW 8TH ST 3RD FLOOR MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 SW 8TH STREET #206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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: _____ <i>Maria Teresa</i> 2/16/05 305-3180199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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