


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90085 039 \*\*\*150.00

<b>DOCUMENT # P95000088893</b> 1. Entity Name <b>IDANIAS HOME COLLECTIONS INC.</b>																													
Principal Place of Business <b>6860 GLENEAGLE DRIVE</b> <b>MIAMI LAKES FL 33014</b> <b>US</b>			Mailing Address <b>6860 GLENEAGLE DRIVE</b> <b>MIAMI LAKES FL 33014</b> <b>US</b>																										
2. Principal Place of Business <b>6832 MAIR STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME AS ABOVE</b> Suite, Apt. #, etc.																											
City & State <b>MIAMI LAKES, FL</b> Zip <b>33014</b>		City & State Country		4. FEI Number <b>65-0633669</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>BENITEZ, IDANIA C</b> <b>6860 GLENEAGLE DR</b> <b>MIAMI LAKES FL 33014</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>[Signature]</i></u> DATE <u>2/14/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENITEZ, IDANIA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6860 GLENEAGLE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES FL 33014</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BENITEZ, IDANIA C		STREET ADDRESS	6860 GLENEAGLE DR		CITY-ST-ZIP	MIAMI LAKES FL 33014		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>[Signature]</i></u> <u>IDANIA C. Benitez</u> <u>2/14/06</u> <u>305-833-0804</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													