

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000047708

Entity Name: IDA FINANCIAL, INC.

FILED
Dec 14, 2004
Secretary of State

Current Principal Place of Business:

18090 CETHINS AVE #101
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

18090 COLLINS AVE
T5
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

13301 BISCAYNE BLVD
108
NORTH MIAMI, FL 33181 US

New Mailing Address:

18090 COLLINS AVE
T5
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 65-0669876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZA, FRANK A
13301 BISCAYNE BLVD
108
N MIAMI, FL 33181 US

Name and Address of New Registered Agent:

MAZZA, FRANK A
18090 COLLINS AVE
T5
N MIAMI BEACH, FL 33160 US

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: FRANK MAZZA

12/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MAZZA, FRANK A
Address: 13301 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33181 US

Title: D () Delete
Name: LIPMAN, SCOTT
Address: 880 NE 69 ST #110
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MAZZA, FRANK A
Address: 19111 COLLINS AVE #601
City-St-Zip: N MIAMI, FL 33160 US

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

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 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: FRANK MAZZA

PRES

12/14/2004

Electronic Signature of Signing Officer or Director

Date