


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90067 011 ***150.00

DOCUMENT # P96000047708	
1. Entity Name ID A FINANCIAL, INC.	

Principal Place of Business 18090 COLLINS AVE T5 NORTH MIAMI BEACH, FL 33160 US	Mailing Address 18090 COLLINS AVE T5 NORTH MIAMI BEACH, FL 33160 US
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50065540



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0669876	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAZZA, FRANK A 18090 COLLINS AVE T5 N MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MAZZA, FRANK A 19111 COLLINS AVE #601 N MIAMI, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPMAN, SCOTT 880 NE 69 ST #110 MIAMI, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank A MAZZA **9/6/05 305-931-1129**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
570655-40

IDA FINANCIAL INC
18090 COLLINS AVE STE T/5
SUNNY ISLES BEACH FL 33160

SEPTEMBER 6, 2005

FLORIDA DEPARTMENT OF STATE
DOCUMENT SPECIALIST

RE: P96000047708
LETTER 505A00054219

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT IN RESPONSE TO YOUR LETTER DATE AUGUST 26, 2005 REGARDING INCOMPLETE FORM AND FEE, THIS IS TO LET YOU KNOW THAT WE NEVER RECEIVED PREVIOUS INFORMATION FROM YOU TO FILE THIS INFORMATION.

WE APPRECIATE YOUR INFORMATION BUT DO NOT FEEL THAT THE LATE FEE IS WARRANTED DUE TO LACK OF INFORMATION FORWARDED TO IDA FINANCIAL INC REGARDING THE ANNUAL REPORT.

PLEASE CORRECT YOUR RECORDS TO REFLECT THIS INFORMATION AND FOLLOW ACCORDINGLY. WE WILL BE FILING THE ANNUAL REPORT WITH OUR CHECK IN THE AMOUNT OF \$150.00.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE AT (800) 440-6701.

SINCERELY,


FRANK MAZZA

CC: FILE