


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90663 037 \*\*\*150.00

**DOCUMENT # P97000050851**  
 1. Entity Name  
**IMPRESSIONS IN DESIGN, INC.**



Principal Place of Business      Mailing Address  
 2026 NE 155 ST                      2026 NE 155 ST  
 NORTH MIAMI BEACH FL 33162      NORTH MIAMI BEACH FL 33162

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

4. FEI Number      Applied For  
**65-0762586**                      Not Applicable

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



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
 DAILY, IVELISE  
 2026 NE 155 ST.  
 NORTH MIAMI BEACH FL 33162

**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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAILY, IVELISE	
STREET ADDRESS	436 OCAEN BLVD	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAILY, JAMES A.	
STREET ADDRESS	436 OCEAN BLVD	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHROEDER, LEE A	
STREET ADDRESS	9498 JAMAICA DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILY, IVELISE	
STREET ADDRESS	2026 NE 155 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILY, JAMES A.	
STREET ADDRESS	2026 NE 155 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, LEE A	
STREET ADDRESS	2026 NE 155 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
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 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:** *Ivelise Daily*      **4-9-04**      **305-956-2250**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #