04291999-90215-016-$150.00-$150.00

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90215 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090216

1. Corporation Name
IDEA, INC.

Principal Place of Business	Mailing Address
231 174TH STREET #1709 N MIAMI BEACH FL 33160 US	231 174TH STREET #1709 N MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 231-174 St. Suite, Apt. #, etc. 22 1709 City & State 23 North Miami Beach, FL Zip 24 33160 Country 25 USA	2a. Mailing Address 26 231 - 174 St. Suite, Apt. #, etc. 27 1709 City & State 28 North Miami Beach, FL. Zip 29 33160 Country 30 USA

3. Date Incorporated or Qualified: 10/20/1997

4. FEI Number: 65-0810347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPAZOV, FRANCISCA L
444 BRICKELL AVE., STE. 212
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: David Chehebar
82 Street Address (P.O. Box Number is Not Acceptable): 231-174 St. Suite #1709
83
84 City: North Miami Beach FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DAVID CHEHEBAR DATE: 4/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NENTCHEVA, LUBOMIRA V 1985 S OCEAN DRIVE #7E HALLANDALE FL 33009	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President NENTCHEVA, LUBOMIRA V. 1985 S. Ocean Drive #3K Hallandale, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director DAVID Chehebar 520 E Mount Vernon Dr. Plantation, FL. 33325	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lubomira Nentcheva 4/23/99 305-692-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #