## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000030235

Name:

Address:

City-St-Zip:

GITTLEMAN, GARY

MIAMI, FL 33157

19100 SW 106 AVE. #12

Entity Name: IDEAL WAREHOUSE DEVELOPMENT II

FILED May 01, 2009 Secretary of State

Entity Nan	1e: IDEAL\	WAREHOUSE DEVELOPMENT,	INC.		
Current Pr	incipal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
19100 SW 106 AVE. #12 MIAMI, FL 33157			19100 SW 106 AVE. #12 MIAMI, FL 33157		
Current Ma	ailing Addr	ess:	<b>New Mailing Address</b>	New Mailing Address:	
19100 SW MIAMI, FL	106 AVE. #1 33157	2	19100 SW 106 AVE. #12 MIAMI, FL 33157		
FEI Number:	65-0833474	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GITTLEMA 19100 SW MIAMI, FL	1Ó6 AVE. #1	_	GITTLEMAN, GARY 19100 SW 106 AVE. #12 MIAMI, FL 33157 US	19100 SW 106 AVE. #12	
The above in the State		y submits this statement for the pr	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			05/01/2009	
	Electr	onic Signature of Registered Age	nt	Date	
		193(2)(b), F.S., the corporation did not ing Trust Fund Contribution().	receive the prior notice.		
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D GITTLEMAN, 19100 SW 10 MIAMI, FL 33	06 AVE. #12	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D GITTLEMAN, 19100 SW 10 MIAMI, FL 33	06 AVE. #12	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title:	D	( ) Delete	Title:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY GITTLEMAN D 05/01/2009