

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000032179

1. Entity Name
IDGARA LIMITED CORP.



Principal Place of Business
13615 SOUTH DIXIE HIGHWAY
SUITE 316
MIAMI, FL 33176

Mailing Address
13615 SOUTH DIXIE HIGHWAY
SUITE 316
MIAMI, FL 33176



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0830582

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, TERENCE J
13615 SOUTH DIXIE HIGHWAY
SUITE 316
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 retinaling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PATALANO, SALVATORE F
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP MIAMI, FL 33176

TITLE D
NAME GOODWIN, TERENCE J
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP MIAMI, FL 33176

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**DO NOT WRITE
IN THIS SPACE**

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 605, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 305-328-0410

Date

Daytime Phone #