

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90023 022 ***150.00

DOCUMENT # P98000039364

1. Entity Name

I.D.M. MANAGEMENT, INC.



Principal Place of Business

4300 N. UNIVERSITY DRIVE
SUITE F200
FORT LAUDERDALE FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE
SUITE F200
FORT LAUDERDALE FL 33351

2. Principal Place of Business

1130 E HALLANDALE BEACH BLVD

3. Mailing Address

1130 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH

Zip

33009

Country

USA

Zip

33009

Country

USA

MOORE

CR2E034 (11/03)

24022779



4. FEI Number

65-0833877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T ESQ
ROBERTS & SALAZAR, LLP
50 WEST MASHTA DRIVE SUITE 2
KEY BISCAVNE FL 33149

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

Ilana Morrow ILANA MORROW

3/8/04

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORROW, ILANA
STREET ADDRESS 4300 N. UNIVERSITY DR., B-104
CITY-ST-ZIP FORT LAUDERDALE FL 33351

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ILANA MORROW
STREET ADDRESS 1130 E HALLANDALE BEACH BLVD
CITY-ST-ZIP HALLANDALE BEACH FL 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Ilana Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

954455908

Daytime Phone #