2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# P98000091814

Entity Name: IDEAL LAMINATES, INC.

Current Principal Place of Business:

4180 NW 132 STREET
OPA LOCKA, FL 330544511

New Principal Place of Business:

4111 NW 132 STREET
BAY G
OPA LOCKA, FL 330544511

Current Mailing Address:

4130 NW 132 STREET
OPA LOCKA, FL 330544511

New Mailing Address:

4111 NW 132 STREET
BAY G
OPA LOCKA, FL 330544511

FEI Number: 65-0872494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VILLAVICENCIO, EGBERTO A
6430 N.W. 192 TERRACE
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: VILLAVICENCIO, EGBERTO A
Address: 6430 N.W. 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: VILLAVICENCIO, MANUEL A
Address: 6430 N.W. 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: SEC ( ) Change (X) Addition
Name: VILLAVICENCIO, MARIA R
Address: 6430 N.W. 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

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.

SIGNATURE: EGBERTO A. VILLAVICENCIO DPTS 02/18/2008

Electronic Signature of Signing Officer or Director — Date