

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # V18041

1. Entity Name
I D COMMUNICATIONS, INC.



Principal Place of Business
1866 GULFSTREAM WAY
WEST PALM BEACH, FL 33411 US

Mailing Address
1866 GULFSTREAM WAY
WEST PALM BEACH, FL 33411 US



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0331020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBERMAN, IRA M.
1866 GULFSTREAM WAY
WEST PALM BEACH, FL 33411

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000054826
02/17/04-80012-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIEBERMAN, IRA M.
STREET ADDRESS	1866 GULFSTREAM WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	ABBOTT, ELIAV
STREET ADDRESS	961 E 10TH STREET
CITY-ST-ZIP	BROOKLYN, NY 11230
TITLE	D
NAME	KIELY, DAN
STREET ADDRESS	3015 EXCHANGE CT, SUITE 315
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	LICHTSHEIN, ROBERT
STREET ADDRESS	2316 SURF AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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: *Elia Abbott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

Daytime Phone #