Apr.29. 2003 11:30AM SIEGELAUB, LIEBERMAN AND ASSOC.

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90225 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66222

1. Entity Name
IDE COLOR, INC.

DO NOT WRITE IN THIS SPACE

11034664

2. Principal Place of Business	3. Mailing Address
17021 N Bay Rd	17021 N BAY RD
Suite, Apt. #, etc 526	Suite, Apt. #, etc. 526
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33160 Country	Zip 33160 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650359583 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name EITAN SHMUELI
Street Address (P.O. Box Number is Not Acceptable) 17021 N Bay Rd. # 526
City Miami FL Zip Code 33160

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

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	president
NAME	Eitan Shmueli
STREET ADDRESS	17021 N Bay Road #526
CITY - ST - ZIP	Miami, Florida 33160
TITLE	OFFICER
NAME	ILAN SHMUELI
STREET ADDRESS	17021 N. BAY RD #526
CITY - ST - ZIP	N.M.B. FL 33160
TITLE	SECRETARY
NAME	YEHUDA SHMUELI
STREET ADDRESS	5805 S.W. 58 CT
CITY - ST - ZIP	DAVIE FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE: ______ 4 29 03 954-964-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

STF FL32361F 1