


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90014 025 \*\*\*150.00

<b>DOCUMENT # V69253</b>	
1. Entity Name <b>IDM JR. INVESTMENTS, INC.</b>	

Principal Place of Business <b>4415 MONSERRATE ST. CORAL GABLES FL 33146</b>	Mailing Address <b>4415 MONSERRATE CORAL GABLES FL 33146 US</b>
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2. Principal Place of Business <b>1730 NE 198 TERR.</b>	3. Mailing Address <b>1730 NE 198 TERR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State <b>NORTH MIAMI BEACH FL.</b>	City & State <b>NORTH MIAMI BEACH FL.</b>
Zip <b>33179</b>	Country <b>USA</b>
Zip <b>33179</b>	Country

4. FEI Number <b>65-0362987</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DAHAN, SIMON 4415 MONSERRATE CORAL GABLES FL 33146</b>	
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7. Name and Address of New Registered Agent Name <b>ANAT FARIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1730 NE 198 TERR</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33179</b>	
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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 	DATE <b>2/12/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAHAN, SIMON</b> <b>4415 MONSERRATE</b> <b>CORAL GABLES FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAHAN, JEANETE</b> <b>4415 MONSERRATE</b> <b>CORAL GABLES FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARIN, ANAT</b> <b>1730 NE 198 TERR</b> <b>N MIAMI BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	DATE <b>2/12/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	