

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90011 025 \*\*\*\*61.25

**DOCUMENT # N02000008265**

1. Entity Name  
**INNOVATIVE BUSINESS AFFILIATES INC.**



Principal Place of Business

**54 N.W. 100 TERRACE**  
**MIAMI SHORES, FL 33150**  
**6118 N.W. 7th Avenue**  
**Miami, Flg 33127**

Mailing Address

**54 N.W. 100 TERRACE**  
**MIAMI SHORES, FL 33150**  
**6118 N.W. 7th Avenue**  
**Miami, Flg 33127**

2. Principal Place of Business

**6118 N.W. 7th Avenue**

3. Mailing Address

**6118 N.W. 7th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262004

Chg-NP

CR2E037 (10/03)

City & State

**Miami, Flg**

City & State

**Miami, Flg**

4. FEI Number

**47-0892294**

Applied For

Not Applicable

Zip

**33127**

Country

Zip

**33127**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEASELY, VINCENT**  
**4400 S.W. 56 AVENUE**  
**DAVIE, FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/24/04**

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **D BEASELY, VINCENT**  
STREET ADDRESS **54 N.W. 100 TERRACE**  
CITY - ST - ZIP **MIAMI SHORES, FL 33150**

TITLE ☐ Delete

NAME **D MILLER JOSEPH, VALLORIE**  
STREET ADDRESS **4400 S.W. 56 AVENUE**  
CITY - ST - ZIP **DAVIE, FL**

TITLE ☐ Delete

NAME **D MILLER, FLORENCE**  
STREET ADDRESS **4400 S.W. 56 AVENUE**  
CITY - ST - ZIP **DAVIE, FL**

TITLE ☒ Delete

NAME **ST TANNELUS, SOPHIA**  
STREET ADDRESS **54 N.W. 100 TERRACE**  
CITY - ST - ZIP **MIAMI SHORES, FL 33150**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition

NAME **Beasley, Vincent**  
STREET ADDRESS **6118 N.W. 7th Avenue**  
CITY - ST - ZIP **Miami, Flg 33127**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/24/04**