2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000075745

1. Entity Name
INNOVATIVE AUTOMATION, INC.

Principal Place of Business	Mailing Address
4029 NORTHEAST 10TH AVENUE FORT LAUDERDALE, FL 33334	4029 NORTHEAST 10TH AVENUE FORT LAUDERDALE, FL 33334

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1883246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATERDOMINI, JOSEPH
2037 MAPLEWOOD DR
POMPANO BEACH, FL 33071

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

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

000000126445
04/23/04-80034-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATERDOMINI, RICHARD
STREET ADDRESS	2029 MAPLEWOOD DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	MATERDOMINI, MICHAEL
STREET ADDRESS	2056 MAPLEWOOD DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	WEINER, JOEL
STREET ADDRESS	1211 W. FAIRWAY ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
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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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.

SIGNATURE: Michael J Materdomini Director 4/21/04 9545617863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #