2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

3/2

DOCUMENT # P07000082618 1. Entity Name INFRA-GEM, INC.						03-24-2	008 90055	017,	***150.00
Principal Place of Business Mailing Address					}				
12036 QUILTING LANE Boca Raton, Fl. 33428		12036 QUILTING LANE Boca Raton, FL 33428		66007991					
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	, etc.	Suite, Apt. #, etc.				Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FELNumber	535289			oplied For ot Applicable
Zip •	Country	Zíp	Coun	ntry	5. Certificate of	of Status Desired		75 Ado Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Agen	t	
RUBIO, W	11.1.1084	Name -							
12036 QU	ILTING LAÑE TON, FL 33428			Street Address (P.O. Box Number is Not Acceptable)					
	•			City			FL ²	ip Cod	e
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.									and accept
SIGNATURE									
	Signature, typed or primed name of registered ag	perti and total if applicable. (NO	TE: Peoplere	d Agent signeture required	wyan (andpared)		DATE		
FILE NOWIII FEE IS \$150,00 After May 1, 2008 Fee will be \$550,00 Trust Fund Contribution. Added to Fees									
10.		ND DIRECTORS	11.		ADDITIONS/	HANGES TO OFFI	CERS AND DIR	CTOR	5 IN 11
TITLE	D	Delete	עווז	- 1				Change	Addition
NAME STREET ADDRESS	RUBIO, WILLIAM 12038 QUILTING LANE		HAME STREE				•		
CITY-SI-ZIP	BOCA RATON, FL 33428			-SI-ZIP		•			ļ
BILE		Delete	TITL	ι				hange	☐ Addition
NAME			NAM	E					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					į
TITLE		□ Delete	TITL					Change	Addition
NAME	•	C) Occur	SAL				٠.	hidige	L AGGRADA)
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- NAME		□ Delete	TITLE			_	יש	trange	Addition
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NAME STREET ADDRESS			NAM						-
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TITLE		☐ Delete	TITLE					hange	Addition
NAME			NAM	1			 -	-	_
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					}
12. I hereby o	certify that the information supplied a	with this filing does not qualify t	or the exc	emptions contained	in Chapter 110	Florida Stanuara 11	bether annih	at the :-	tomorica
12. It hereby cartify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. 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 it made under oath; that I am an officer or director of the corporation or the rocewor 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR J. Rubio 3/19/08 511-756-285									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									