

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109158
1. Entity Name
INNOVATIVE MARKETING GROUP, INC.



Principal Place of Business: **8411 SW 57TH PATH
MIAMI, FL 33143**
Mailing Address: **POST OFFICE BOX 430941
MIAMI, FL 33243**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)
4. FEI Number: **65-0970538** Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SOROTA, ALAN M
290 NORTH WEST 165TH PH 4 - CITICENTRE
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 true if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	KATES, BARRY T
STREET ADDRESS	8411 SW 57TH PATH
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	SOROTA, ALAN
STREET ADDRESS	290 NW 165TH STREET, PH-4 CITICENTRE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000352399
05/03/05-80025-016 150.00
**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barry Kates Date: 4-29-05 Daytime Phone #: 305-670-4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR