


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90186 030 \*\*\*150.00

**DOCUMENT # P99000109158**

1. Entity Name  
**INNOVATIVE MARKETING GROUP, INC.**



Principal Place of Business  
**9200 S DADELAND BLVD  
 SUITE 412  
 MIAMI, FL 33156 US**

Mailing Address  
**POST OFFICE BOX 430941  
 MIAMI, FL 33243**

2. Principal Place of Business - No P.O. Box #  
**4350 S Dixie Hwy  
 Penthouse V**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
**Miami, FL**

City & State  
**Miami, FL**

City & State  
 City & State  
**Miami, FL**

Zip  
**33156** Country  
**USA**



04132007 Chg-P CR2E034 (12/06)

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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KATES, BARRY T P.O. BOX 430941 MIAMI, FL 33243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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: 4-23-07 Daytime Phone #: 305-670-4524