



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 563700</b> 1. Entity Name INTEGRATED FINANCIAL SERVICES, INC.	
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Principal Place of Business 2100 SALZEDO AS SUITE 301-A CORAL GABLES, FL 33134 US	Mailing Address 2100 SALZEDO ST SUITE 301-A CORAL GABLES, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1824994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

INCERA, ROBERTO  
2100 SALZEDO ST  
SUITE 301-A  
CORAL GABLES, FL 33134

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVA DE INCERA, OLGA F 2100 SALZEDO ST STE 301A CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD INCERA, CARLOS E 2100 SALZEDO ST STE 301A CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD INCERA, ROBERTO 2100 SALZEDO ST STE 301A CORAL GABLES, FL 33134
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04/02/05-80037-010 150.00

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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:** Carlos Incera - Carlos Incera 3/31/05 305-444-1504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #