06/30/2006 10:33 3054434749 JOSE I PADI

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Jul 10, 2006 8:00 am
Secretary of State
07-10-2006 90026 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005872

1. Entity Name
INNOVENTIONS INTERNATIONAL, INC.

50021996

Principal Place of Business	Mailing Address
~~432 HAMPTON LANE~~ ~~KEY BISCAYNE, FL 33149~~	~~432 HAMPTON LANE~~ ~~KEY BISCAYNE, FL 33149~~

06302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
660 Crandon Blvd.	660 Crandon Blvd.
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip 33149 Country US	Zip 33149 Country US.

4. FEI Number 17-4285862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSE I PADIAL PA 2600 S. DOUGLAS RD. PH6 CORAL GABLES, FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! - FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MERCENARI, CARLOS A ~~432 HAMPTON LANE~~ KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 660 Crandon Blvd. #101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP MERCENARI, JUAN C ~~432 HAMPTON LANE~~ KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 660 Crandon Blvd. #101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MERCENARI, FERNANDO H ~~432 HAMPTON LANE~~ KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 660 Crandon Blvd. #101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: (X)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #