2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 08:00 Al Secretary of State **DOCUMENT # F63962** 1. Entity Name INTERNATIONAL PURCHASING GROUP INC. Mailing Address Principal Place of Business 9801 SW 110 STREET PO BOX 165931 MIAMI, FL 33116-5931 US MIAMI, FL 33176 No Chg-P CR2E034 (11/05) 03132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2166796 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, JOSE A 9801 SW 110 STREET MIAMI, FL 33176 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be 1/00000476368 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/06/06-80006-017 158.75 OFFICERS AND DIRECTORS 10. PST TITLE NAME RODRIGUEZ, JOSE A 9801 SW 110 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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 S

NAME STREET ADDRESS CITY-ST-ZIP

> Jose A. Rodriquez CHING OFFICER OR DIRECTOR

<u>205-274-7454</u>

Daytime Phone #