2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2005 8:00 am DOCUMENT # F96000000814 Secretary of State 1. Entity Name 02-18-2005 90066 032 ***158.75 INNOVATIVE ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address 630 SW 19 ROAD 630 SW 19 ROAD MIAMI FL 33129 MIAMI FL 33129 3. Mailing Address 2. Principal Place of Business Arenve 6390 67 6390 tronue Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) MIMI MIMM City & State City & State 4. FÉI Number Applied For 65-0635835 MIAMI Not Applicable USA Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired MIMMI - DADE 3143 Fee Required MIAM | - DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 City Zip Code 8. The above named entity submits th e 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 har (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD PCD TITLE ☐ Delete TITLE Change ☐ Addition NAME COZIER, CHRISTIAN NAME CO ZIER. CHYPISTIAN STREET ADDRESS 630 SW 19 ROAD STREET ADDRESS 6390 SW 67 Arenue CITY-ST-ZIP MIAMI FL 33129 CtTY-ST-ZIP K. MiAML TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ___ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 abculate 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 this like empowered.

SIGNATURE:

CARISTIAN COZICE

PRESIDENT

FILED