

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2004 08:00 AM
Secretary of State

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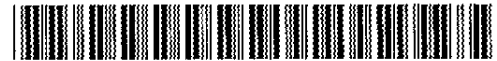
1. Entity Name
INNOVATIVE WAREHOUSE SERVICES, INC.



Principal Place of Business
**19340 NW 2ND STREET
HOLLYWOOD, FL 33029**

Mailing Address
**19340 NW 2ND STREET
HOLLYWOOD, FL 33029**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0988778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, MOISES
17304 SW 19TH ST.
MIRAMAR, FL 33029**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAYAS, NELSON 16721 NW 72ND COURT MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, MOISES 19340 NW 2ND STREET MIRAMAR, FL 33029
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03/12/04-80042-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **X** *Morbas Martin* **03-08-2004 (95F) 430-1212**
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #