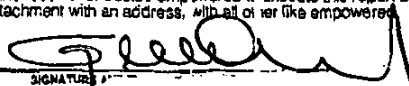


04/24/2007 10:09 305-445-4971

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 032 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000082778		
1. Entity Name INNOVAR CORP.		
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
		 01122007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1137757		Applied For No: Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		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 renewal (Rg) DATE _____)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	D QUINONES CARDONA, GILBERTO 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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, without other like empowered.		
SIGNATURE:  _____ Gilberto Quinones		4/27/07 305-444-1741 Daytime Phone #