
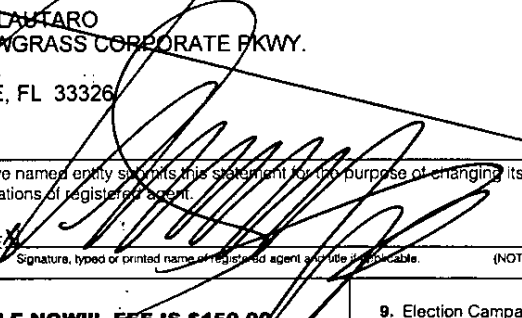
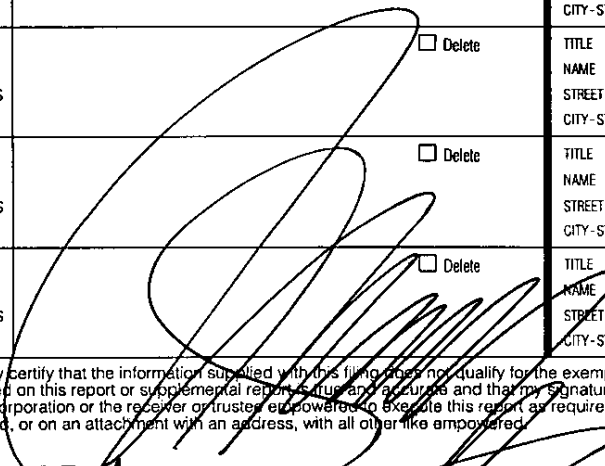


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90387 018 ***150.00

DOCUMENT # P01000086824 1. Entity Name INNOVATIONS & COMMUNICATIONS, INC.			
Principal Place of Business 1560 SAWGRASS CORPORATE PKWY. 4TH FLR. SUNRISE, FL 33326		Mailing Address 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33326	
2. Principal Place of Business 470 Ansin Blvd Suite, Apt. #, etc. F		3. Mailing Address same Suite, Apt. #, etc. same	
City & State Hallandale Beach, FL		City & State same	
Zip 33009		Zip same	
4. FEI Number 65-1145286		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARAY, LAUTARO 1560 SAWGRASS CORPORATE PKWY. 4TH FLR. SUNRISE, FL 33326		7. Name and Address of New Registered Agent Name Lautaro GARAY Street Address (P.O. Box Number is Not Acceptable) 470 Ansin Blvd Suite F City Hallandale Beach FL Zip Code 33009	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARAY, LAUTARO <input type="checkbox"/> Delete 1560 SAWGRASS CORPORATE PKWY., 4TH FLR. WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lautaro GARAY 470 Ansin Blvd ste F Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARAY, IRENE <input type="checkbox"/> Delete 1560 SAWGRASS CORPORATE PKWY., 4TH FLR. SUNRISE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Irene Garay 470 Ansin Blvd ste F Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

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