## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016246

Address:

City-St-Zip:

500 BAYVIEW DR #332

SUNNY ISLES, FL 33160

INTEGRARE AMERICA CONSULTING GROUP CORP

FILED Mar 20, 2006 Secretary of State

Entity Nar	ne: INTEGRA	RE AMERICA CONSULTING (	GROUP, CORP.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EW DR #332 LES, FL 33160				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	EW DR #332 LES, FL 33160				
FEI Number:	01-0595674	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CLAVIJO, MARTHA 500 BAYVIEW DR #332 SUNNY ISLES, FL 33160 US				DELGADO, PEDRO 500 BAYVIEW DR #332 SUNNY ISLES, FL 33160 US	
	named entity so e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MARTHA CLAVIJO				03/20/2006	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I CLAVIJO, MARTI 500 BAYVIEW D SUNNY ISLES, F	R #332	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I DELGADO, PED 500 BAYVIEW D SUNNY ISLES, F	R #332	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD ()  ENDARA, VERO	Delete NICA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PEDRO DELGADO VD 03/20/2006