FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90391 033 ***150.00

DOCUMENT # P02000025083

1. Entity Name
Integrated Administration Group, Inc.

DO NOT WRITE IN THIS SPACE

11039446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2312 W. Waters Ave	2312 W. Waters Ave.
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33604 Country	Zip 33604 Country

4. FEI Number 04-3626664 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Francisco Rojas

Street Address (P.O. Box Number is Not Acceptable)

10465 Rosemount Dr.

City Tampa FL Zip Code 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Francisco Rojas	NAME	
STREET ADDRESS	10465 Rosemount Dr.	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33624	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Jose R. Guerrero	NAME	
STREET ADDRESS	2312 W. Waters Ave, Suite 2	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33604	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Luis Manuel Rivera	NAME	
STREET ADDRESS	2312 W. Waters Ave, Suite 2	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Tampa, FL 33604	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #