

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000034579

1. Entity Name
INTEGRATED PROPERTY SERVICES, INC.



Principal Place of Business
**1500 SAN REMO AVE., SUITE 300
CORAL GABLES, FL 33146**

Mailing Address
**1500 SAN REMO AVE., SUITE 300
CORAL GABLES, FL 33146**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
52-2376645

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A ESQ.
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
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

Signature, typed or printed name of registered agent and title if applicable

(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

U000000122261
04/21/04-80022-011 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STATTNER, STEVEN
1500 SAN REMO AVE, SUITE 300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOLFBERG, DAVID A
1500 SAN REMO AVE, SUITE 300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALVAREZ, JULIO E
1500 SAN REMO AVE, SUITE 300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORLOTE, MARCEL R
1500 SAN REMO AVE, SUITE 300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(b), 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 #

4/19/04