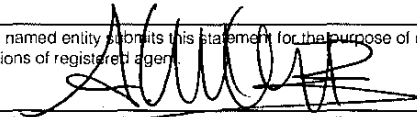
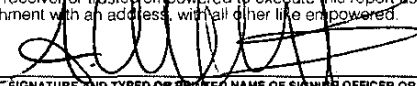


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 035 ***150.00

DOCUMENT # P02000056467					
1. Entity Name INTEGRATED GROUP CORPORATION					
Principal Place of Business 10750 N.W. 66 STREET, #412 MIAMI, FL 33178			Mailing Address 6560 N.W. 114TH AVE., #527 MIAMI, FL 33178		
2. Principal Place of Business 533 SW 110 LN Suite, Apt. #, etc. 307		3. Mailing Address 533 SW 110 LN Suite, Apt. #, etc. 307			
City & State PEMBROKE PINES, FL Zip 33025		City & State PEMBROKE PINES, FL Zip 33025		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 71-0885667				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORDONEZ, CRISTINA 6560 N.W. 114TH AVE., #527 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name ORDONEZ CRISTINA Street Address (P.O. Box Number is Not Acceptable) 533 SW 110 LN # 307 City PEMBROKE PINES FL Zip Code 33025		
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:  CRISTINA ORDONEZ 4/21/04 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 ☐ \$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 BEDOYA, HAROLD 1677 BRANDYWINE ROAD, APT. 1317 WEST PALM BEACH, FL 33409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, SANDRA L 10750 NW 66TH STREET, APT. 412 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			CRISTINA ORDONEZ 4/21/04 Signature and typed or printed name of signing officer or director Date Daytime Phone #		

24070409

