2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90229 035 ***150.00

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04212004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000056467

1. Entity Name
INTEGRATED GROUP CORPORATION

Principal Place of Business	Mailing Address
10750 N.W. 66 STREET, #412 MIAMI, FL 33178	6560 N.W. 114TH AVE., #527 MIAMI, FL 33178

2. Principal Place of Business		3. Mailing Address	
533 SW 110 LN		533 SW 110 LN	
Suite, Apt. #, etc. 307		Suite, Apt. #, etc. 307	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33025	Country	Zip 33025	Country

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 [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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEDOYA, HAROLD		NAME		
STREET ADDRESS	1677 BRANDYWINE ROAD, APT. 1317		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORTEGA, SANDRA L		NAME		
STREET ADDRESS	10750 NW 66TH STREET, APT. 412		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] CRISTINA ORDONEZ 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #