APPROVED AND FILED

03 MAY -1 AM 5:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056467

1. Entity Name
INTEGRATED GROUP CORPORATION

500020428155
06/03/03--01047--034 **150.00

Principal Place of Business	Mailing Address
2924 NW 72ND AVENUE MIAMI, FL 33122	2924 NW 72ND AVENUE MIAMI, FL 33122

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10750 NW 66 ST	10750 NW 66 ST
Suite, Apt. #, etc. 412	Suite, Apt. #, etc. 412
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178 Country USA	Zip 33178 Country USA

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

ORTEGA, SANDRA L
10750 N.W. 66TH ST., STE. 412
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 2003 Fee will be $550.00
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	PD	☐ Delete
NAME	BEDOYA, HAROLD	
STREET ADDRESS	1677 BRANDYWINE ROAD, APT. 1317	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	VD	☐ Delete
NAME	ORTEGA, SANDRA L	
STREET ADDRESS	10750 NW 66TH STREET, APT. 412	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #