



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90640 048 ***150.00

DOCUMENT # P02000105612					
1. Entity Name INNOVATION FINANCE CORPORATION					
Principal Place of Business 9300 NW 27 AVE MIAMI, FL 33147			Mailing Address 9300 NW 27 AVE MIAMI, FL 33147		
2. Principal Place of Business 1319 NORTH STATE RD 7 Suite, Apt. #, etc. HOLLYWOOD, FL		3. Mailing Address 1319 NORTH STATE RD 7 Suite, Apt. #, etc. HOLLYWOOD, FL			
City & State 33021 BROWARD		City & State 33021 BROWARD			
Zip 33021		Country BROWARD		4. FEI Number 55-0800412	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARRERO, OLGA L 169 E FLAGLER ST SUITE 1035 MIAMI, FL 33131			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 _____ (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 Trust Fund Contribution <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRERO, OLGA L 16531 WHITE ORCHID LANE DELRAY, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA L BARRERO 7050 NW 177ST APT 202 MIAMI, FL 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Olga Barrero</u>		04-06-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			