

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000125332

1. Entity Name
INFOTRIEVE CORP.



Principal Place of Business
**7532 SIERRA RIDGE LANE
LAKE WORTH, FL 33463**

Mailing Address
**7532 SIERRA RIDGE LANE
LAKE WORTH, FL 33463**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4240654** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VELAZQUEZ, LILLIAN
7532 SIERRA RIDGE LANE
LAKE WORTH, FL 33463**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VELAZQUEZ, LILIANA
STREET ADDRESS	7532 SIERRA RIDGE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	S
NAME	VELAZQUEZ, DIEGO
STREET ADDRESS	7532 SIERRA RIDGE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000634879
02/22/07-80030-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/8/07 561 357-9315
Date Daytime Phone #