2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

07-26-2004 90005 048 ***158.75

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07222004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000010664

1. Entity Name
INNOVATIVE BUSINESS SOLUTIONS CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
4001 SOUTH OCEAN DRIVE APT. 15R HOLLYWOOD, FL 33019 US	4001 SOUTH OCEAN DRIVE APT. 15R HOLLYWOOD, FL 33019 US

2. Principal Place of Business: 3145 NE 184 ST	3. Mailing Address: 3145 NE 184TH ST
Suite, Apt. #, etc.: SUITE 5206	Suite, Apt. #, etc.: SUITE 5206
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33160 Country: DADE	Zip: 33160 Country: DADE

4. FEI Number: 52 2236094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BODDEN, JOSEPH D JR
~~4001 SOUTH OCEAN DRIVE~~
~~APT. 15R~~
~~HOLLYWOOD, FL 33019~~
3145 NE 184th ST
SUITE 5206
AVENTURA FL 33160

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: JOSEPH BODDEN PRESIDENT [signature] 07/20/2004
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH BODDEN PRESIDENT 3145 NE 184TH ST APT 5206 AVENTURA FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] JOSEPH BODDEN 07/20/2004 954 558 5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #