


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000037401</b>	
1. Entity Name <b>IN MOTION GROUP INC.</b>	

Principal Place of Business <b>291 NW 151 AVE PEMBROKE PINE, FL 33028</b>	Mailing Address <b>291 NW 151 AVE PEMBROKE PINE, FL 33028</b>
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1180910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RIVERA, MARIA N 291 NW 151 AVE PEMBROKE PINE, FL 33028</b>
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIVERA, NANCY MARIA 291 NW 151 AVE PEMBROKE PINE, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARDONA, JUAN JOSE 15060 SW 104 ST #1614 MIAMI, FL 33196
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04/28/05-80054-020 150.00

**DO NOT WRITE  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/05** **786-287-4350**  
Date Daytime Phone #