

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 029 ***150.00

DOCUMENT # P030000 67080			
1. Entity Name <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <div style="display: flex; justify-content: space-between;"> <div>Principal Place of Business</div> <div>Mailing Address</div> </div> <div style="text-align: center; font-size: 1.2em;">IMS NETWORK GROUP, INC</div> </div>			
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;"> 7401 N.W. 68th Suite, Apt. #, etc. Suite A-5 </div>		3. Mailing Address <div style="border: 1px solid black; padding: 2px;"> P.O. Box 524403 Suite, Apt. #, etc. </div>	
City & State <div style="border: 1px solid black; padding: 2px;"> MIAMI FL </div>		City & State <div style="border: 1px solid black; padding: 2px;"> MIAMI FL </div>	
Zip <div style="border: 1px solid black; padding: 2px;"> 33166 </div>		Zip <div style="border: 1px solid black; padding: 2px;"> 33152 </div>	
Country <div style="border: 1px solid black; padding: 2px;"> Dade </div>		Country <div style="border: 1px solid black; padding: 2px;"> Dade </div>	
4. FEI Number <div style="border: 1px solid black; padding: 2px;"> 37-1468903 </div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Jeffrey Gonzalez	
		Street Address (P.O. Box Number is Not Acceptable) 7401 N.W. 68th - A-5	
		City MIAMI	
		FL 33166	
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:			
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>			
FILE NOWHIN FEE IS \$150.00 After May 1, 2005 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> President Jeffrey Gonzalez P.O. Box 524403 MIAMI FL 33152 </div> <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
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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"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.			
SIGNATURE: Jeffrey Gonzalez		305-490-3307 04-15-2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	