## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000111190

**Entity Name:** INFLATABLES & PROMOTIONALS, INC.

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14505 COMMERCE WAY SUITE 508 13899 BISCAYNE BOULEVARD

MIAMI LAKES, FL 33016 201

NORTH MIAMI BEACH, FL 33181

**Current Mailing Address: New Mailing Address:** 

14505 COMMERCE WAY SUITE 508 18151 NE 31 CT

MIAMI LAKES, FL 33016

AVENTURA, FL 33160

FEI Number: 20-0291973 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATUESTA, CARLOS A ATUESTA, CARLOS A 3165NE 184TH ST 18151 NE 31 CT 103

6204

AVENTURA, FL 33160 US AVENTURA, FL 33160 US

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.

SIGNATURE: 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ATUESTA, CARLOS A ATUESTA, CARLOS A Name: Name: 3165NE 184TH ST 6-204 18151 NE 31 CT APT 103 Address: Address:

City-St-Zip: AVENTURA, FL 33160 City-St-Zip: AVENTURA, FL 33160

VSD Title: VSD (X) Change ( ) Addition () Delete PARRA, GLORIA M Name: Name: PARRA, GLORIA M 3165NE 184TH ST 6-204 18151 NE 31 CT APT 103 Address: Address: AVENTURA, FL 33160 AVENTURA, FL 33160 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition BENITO-REVOLLO, JUAN C BENITO-REVOLLO, JUAN C Name: Name:

14505 COMMERCE WAY SUITE 508 13899 BISCAYNE BOULEVARD SUITE 201 Address Address:

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: NORTH MIAMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS ATUESTA PD 04/27/2005