

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000130363

Entity Name: INNOTEK SUPPORT, INC.

**FILED**  
**Nov 18, 2005**  
**Secretary of State****Current Principal Place of Business:**2333 BRICKELL AVENUE  
# 707  
MIAMI, FL 33129**New Principal Place of Business:**600 BRICKELL AVENUE  
SUITE 300R  
MIAMI, FL 33131**Current Mailing Address:**2333 BRICKELL AVENUE  
# 707  
MIAMI, FL 33129**New Mailing Address:**600 BRICKELL AVENUE  
SUITE 300R  
MIAMI, FL 33131

FEI Number: 20-0394002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**SILVA, ADRIANA  
2333 BRICKELL AVENUE  
# 707  
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**SILVA, ADRIANA  
600 BRICKELL AVENUE  
SUITE 300R  
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

11/18/2005

Date

**OFFICERS AND DIRECTORS:**Title: P/D ( ) Delete  
Name: EDGAR, MOSQUERA O  
Address: 2333 BRICKELL AVENUE, # 707  
City-St-Zip: MIAMI, FL 33129 USTitle: VP/S ( ) Delete  
Name: SILVA, ADRIANA  
Address: 2333 BRICKELL AVENUE, # 707  
City-St-Zip: MIAMI, FL 33129 USTitle: TREA (X) Delete  
Name: RAMIREZ, LIGIA  
Address: 2333 BRICKELL AVENUE, # 707  
City-St-Zip: MIAMI, FL 33129 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P/D (X) Change ( ) Addition  
Name: EDGAR, MOSQUERA O  
Address: 600 BRICKELL AVENUE SUITE 300R  
City-St-Zip: MIAMI, FL 33131 USTitle: VP/S (X) Change ( ) Addition  
Name: SILVA, ADRIANA  
Address: 600 BRICKELL AVENUE SUITE 300R  
City-St-Zip: MIAMI, FL 33131 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDGAR MOSQUERA

Electronic Signature of Signing Officer or Director

P/D

11/18/2005

Date