

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 006 ***150.00

DOCUMENT # P04000103738

1. Entity Name
INNOVATION TECHNOLOGY SERVICES GROUP, INC.



Principal Place of Business
**9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

Mailing Address
**9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

50005095



01142005 Chg-P CR2E034 (10/03)

4. FEI Number **34-2007088** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARPIO, REGULO
9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name **Milciades Pachas**
Street Address (P.O. Box Number is Not Acceptable)
15385 S.W. 73 Terr. Circ. #4
City **Miami** FL Zip Code **33193**

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

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
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 ☐ Delete
NAME **P/D**
STREET ADDRESS **CARPIO, REGULO**
CITY-ST-ZIP **9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

TITLE ☐ Delete
NAME **VP/T**
STREET ADDRESS **CARPIO, REGULO**
CITY-ST-ZIP **9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CARPIO, REGULO**
CITY-ST-ZIP **9737 NW 41 ST STREET # 547
MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Milciades Pachas**
CITY-ST-ZIP **15385 S.W. 73 Terr. Circ. #4
Miami, FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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 a notary seal with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.18.05

Date

305-335-5373

Daytime Phone #