2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000139760

1. Entity Name

INNOVATIVE IMAGE BUILDERS, INC.



FILED Feb 01, 2007 08:00 AM **Secretary of State**

Principal Place of Business

13370 SW 90TH TERRACE

UNIT F

MIAMI, FL 33186

Mailing Address

13370 SW 90TH TERRACE

UNIT F

MIAMI, FL 33186



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D	NOT MO	1k1	THO	00405	01162007	No Chg-P	CR2E034 (11/05)	
UU	NOT WRI	I E IN	1 H12	SPAGE	# FFI No.		Applia	<u></u>

4. FEI Number Applied For 56-2494143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SOTO, ELIZABETH B 13370 SW 90TH TERRACE

DO NOT WRITE

UNIT F MIAMI, FL	33186		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 political descrip											
the obligations of registered agent.											
SIGNATURE 400 A00 VIC TYS I QUIT / 19/07 Signature, typesor printed name of registered egent end title of applicable (NOTE Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, JOHNPAUL 13370 SW 90TH TERRACE UNIT F MIAMI, FL 33186				U00000616326						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V SOTO, ELIZABETH B 13370 SW 90TH TERRACE UNIT F MIAMI, FL 33186				02/07/07-80023-013 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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											