

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90019 020 \*\*\*150.00

<b>DOCUMENT # P06000008354</b>						
<b>1. Entity Name</b> INNOVATION FORM, INC						
<b>Principal Place of Business</b> 18801 OAKLAND HILLS DRIVE HIALEAH, FL 33015			<b>Mailing Address</b> 18801 OAKLAND HILLS DRIVE HIALEAH, FL 33015			
<b>2. Principal Place of Business - No P.O. Box #</b> 1200 NE MIAMI 6DMS		<b>3. Mailing Address</b> 1200 NE MIAMI 6DMS				
Suite, Apt. #, etc. DY apt 911 W		Suite, Apt. #, etc. DY apt 911 W		02222008    Chg-P    CR2E034 (12/06)		
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL		<b>4. FEI Number</b> 20-4146537		
Zip 33179		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  PARRA, EDGAR M 18801 OAKLAND HILLS DRIVE HIALEAH, FL 33015				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1200 NE MIAMI 6DMS DY apt 911 W. City    NORTH MIAMI    FL    Zip Code    33179		
<b>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.</b>						
SIGNATURE     (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P    PARRA, EDGAR M <input type="checkbox"/> Delete 18801 OAKLAND HILLS DRIVE HIALEAH, FL 33015			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1200 NE MIAMI 6DMS DY 911W NORTH MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP    MORA, MARIA L <input type="checkbox"/> Delete 18801 OAKLAND HILLS DRIVE HIALEAH, FL 33015			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1200 NE MIAMI 6DMS DY 911W NORTH MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 changed, or on an attachment with an address with all other like empowered.</b>						
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #						