

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041088

Entity Name: INNOVIDA SERVICES, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

560 LINCOLN ROAD  
SUITE 303  
MIAMI, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

HARPER MEYER PEREZ FERRER & HAGEN LLP  
701 BRICKELL AVENUE, STE 1400  
MIAMI, FL 33131

## New Mailing Address:

701 BRICKELL AVENUE  
SUITE 1400  
MIAMI, FL 33131

FEI Number: 20-4540103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: OSORIO, CLAUDIO  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: TOLL, CRAIG  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D/S ( ) Delete  
Name: OSORIO, AMARILIS  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TCFO (X) Change ( ) Addition  
Name: TOLL, CRAIG  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D/VP (X) Change ( ) Addition  
Name: OSORIO, AMARILIS  
Address: 560 LINCOLN ROAD, SUITE 303  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUDIO OSORIO

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date