## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000099136 1. Entity Name INNOVATION PLUS CORPORATION

## **FILED** Jul 19, 2007 8:00 am Secretary of State

	07-19-200	07 90022 017 ***150.00			
40125984					
07162007	Cha-P	CR2E034 (12/06)			

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Principal Plac	ce of Busines	S	Mailing Address				40125984		
11501 NW 2ND STREET			11501 NW 2ND STREE	11501 NW 2ND STREET			402		
102			102	102					
MIAMI, FL 33172 MIAMI, FL 33172			_ <b>,</b>						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address			( 1003)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			07162007 Chg-P CR2E034 (1:	2/06)		
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip	Country Zip Co			Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent		
05057.0	01.44100				Name				
PEREZ, R 11501 NW 102		REET			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33172								
,					City		FL 2i	p Code	
			or the purpose of changing its	register	ed office or	registere	d agent, or both, in the State of Florida. I am familia	r with, and accept	
the obligat	tions of regist	ered agent.							
SIGNATURE.	·								
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signatur	re required v	hen reinstating) DATE		
		FEE IS \$150.00 Stember 14, 2007	9. Election Campa Trust Fund Cont		ncing		In accordance with s. 607.193(2 to Fees   In accordance with s. 607.193(2		
10.		OFFICERS AND	DIRECTORS	144					
TIFLE	р	OFFICERS AND		11. TITU	- T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	DEDECT DOLLARDO			NAM	- i		□ CI	nange 🔲 Addition	
STREET ADDRESS	1	2ND STREET		1	ET ADDRESS				
CITY-ST-ZIP	MIAMI, FL	. 33172		CITY	-ST-ZIP				
TITLE	D		☐ Defete	TITLE		•		nange Addition	
NAME		S-BOUZAT, JEAN L		NAM	ε		-		
STREET ADDRESS		DL # 2 CALLE VIGIA. C			ET ADDRESS				
CITY-ST-ZIP	PAMPATA	AR MARGARITA ISLAN	<del></del>	CITY	- ST-ZIP				
TITLE			☐ Delete	TITLE			cn	ange 🔲 Addition	
NAME STREET ADDRESS				NAMI	E Et address				
CITY-ST-ZIP	ľ				-ST-ZIP				
TITLE			☐ Delete	TITLE			□ Ch	gggg	
NAME			□ beiet¢	NAME				ange 🗌 Addition	
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CITY-SSI-ZIP				CITY-	-ST-ZIP				
TITLE			☐ Defete	MILE			☐ Ch	ange Addition	
NAME				NAME			,÷÷		
STREET ADDRESS CITY-ST-ZIP			0		ET ADDRESS				
MIE		<u> </u>		+-	ST-ZIP				
NAME			☐ Delete	TITLE	l.		Ch.	ange 🗀 Addition	
STREET ADDRESS					ET ADORESS				
CITY-ST-ZIP			•		ST-ZIP			ļ	
12. I hereby o	ertify that the	information supplied with	this thing does not qualify for			ntained i	Chapter 119 Florida Statutes 1 further certify that	the information	
indicated of the con changed,	on this report poration or the or on an atta	t or supplemental report e receiver or trustee empo chment with an address, v	true and accurate and that no weredyn execute this report with all dust like empowered.	ny signati as requir	ure shall haved by Chap	ve the sa iter 607,	Chapter 119, Florida Statutes. I further certify that me legal effect as if made under oath; that I am an officirida Statutes; and that my name appears in Block	ifficer or director 10 or Block 11 if	
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KOLANDO YEREZ Pres. 7/16/07. 786-5124206