2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000074076



FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90011 009 ***150.00

| 1. Entity Name INTEGRITY ENVIRONMENTAL ASSESSOR, INC. | | | | | | | |
|---|--|---|---|---|---|--|--|
| Principal Place of Business 7841 S.W. 16TH STREET MIAMI, FL 33155 | | Mailing Address 7841 S.W. 16TH STREET MIAMI, FL 33155 | | 40058468 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01292008 | Chg-P | CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number | 52020 | <u> </u> | pplied For ot Applicable |
| Zip | Country | Zip | Country | 5. Certificate of | Status Desired | \$8.75 Ad Fee Require | |
| Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent Name | | | |
| RODRIGUEZ, FERNANDO R 7841 S.W. 16TH STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL 33155 | | | | | | | |
| | | | City | <u> </u> | | FL Zip Coo | de |
| 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 and title If applicable). | | | | ed when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CH | HANGES TO OFFIC | CERS AND DIRECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES RODRIGUEZ, FERNANDO R 7841 S.W. 16TH STREET MIAMI, FL 33155 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC RODRIGUEZ, FERNANDO R 7841 S.W. 16TH STREET MIAMI, FL 33155 | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | ☐ Change | ☐ Addition |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an actoress, w | true and accurate and that my ewered to execute this report as | the exemptions contained signature shall have the srequired by Chapter 60 | ed in Chapter 119, F same legal effect a 7, Florida Statutes: | Florida Statutes. I fus if made under or and that my name | urther certify that the ath; that I am an office appears in Block 10 c | information r or director or Block 11 if |