

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129316

Entity Name: INNOVATION EVENTS, INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10222 NW 50 STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 450883  
SUNRISE, FL 33345

**New Mailing Address:**

FEI Number: 33-1208722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

BERNACKI, NIDIA  
P.O BOX 450883  
SUNRISE, FL 33345 US

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: NIDIA BERNACKI

04/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERNACKI, NIDIA  
Address: 10222 NW 50 ST.  
City-St-Zip: SUNRISE, FL 33351

Title: VPT  
Name: DIAZ, GINA  
Address: 10222 NW 50 ST  
City-St-Zip: SUNRISE, FL 33351

Title: VPS  
Name: DIAZ, JUAN FELIPE  
Address: 10222 NW 50 ST  
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: NIDIA BERNACKI

P

04/27/2010

Electronic Signature of Signing Officer or Director

Date