

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039159

FILED
Jul 15, 2009
Secretary of State

Entity Name: INNOVATIVE TRAVEL CONSULTING GROUP, INC.

Current Principal Place of Business:

5341 NW 107TH AVENUE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

5341 NW 107TH AVENUE
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

5341 NW 107TH AVENUE
CORAL SPRINGS, FL 33076

New Mailing Address:

5341 NW 107TH AVENUE
CORAL SPRINGS, FL 33076 US

FEI Number: 26-2638397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL W. BRUCKNER, CPA, PA
4300 NORTH UNIVERSITY DRIVE, STE A-106
LAUDERHILL, FL 33351 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARROYAVE, HECTOR
Address: 5341 NW 107TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: ARROYAVE, ADRIANA
Address: 5341 NW 107TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARROYAVE, HECTOR
Address: 5341 NW 107TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: DVP (X) Change () Addition
Name: ARROYAVE, ADRIANA
Address: 5341 NW 107TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: HECTOR ARROYAVE

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date