

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044162

FILED
Apr 30, 2009
Secretary of State

Entity Name: INNOVATIVE INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

ONE SENICE CENTRAL, STE 104
LAKE WALES, FL 33853

New Principal Place of Business:

ONE SCENIC CENTRAL
SUITE 104
LAKE WALES, FL 33853

Current Mailing Address:

348 SUMMIT AVENUE
LAKE WALES, FL 33853 US

New Mailing Address:

ONE SCENIC CENTRAL
SUITE 104
LAKE WALES, FL 33853

FEI Number: 26-2531169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, VICTOR M
348 SUMMIT AVENUE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

MARTINEZ, VICTOR M CEO
348 SUMMIT AVENUE
LAKE WALES, FL 33853 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: VICTOR M MARTINEZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MARTINEZ, VICTOR M
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: CFO () Delete
Name: ROLON, BETTY
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: TR () Delete
Name: MARTINEZ, VICTOR SR.
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: SR () Delete
Name: MARTINEZ, BRENDA L
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: GRACIA-ROLON, BETTY
Address: 348 SUMMIT AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

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

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

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: VICTOR M MARTINEZ

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date