

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 030 ***150.00

DOCUMENT # P99000109158 1. Entity Name INNOVATIVE MARKETING GROUP, INC.			
Principal Place of Business 9200 S DADELAND BLVD SUITE 412 MIAMI, FL 33156 US		Mailing Address POST OFFICE BOX 430941 MIAMI, FL 33243	
2. Principal Place of Business - No P.O. Box # 9350 S Dixie Hwy Suite, Apt., etc. Penthouse V		3. Mailing Address Suite, Apt. #, etc. 	
City & State Miami, FL		City & State 	
Zip 33156	Country USA	Zip 	Country
4. FEI Number 65-0970538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOROTA, ALAN M 290 NORTH WEST 165TH PH 4 - CITICENTRE MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KATES, BARRY T P.O. BOX 430941 MIAMI, FL 33243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOROTA, ALAN 290 NW 165TH STREET, PH-4 CITICENTRE MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Barry Kates</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4-23-07</i> <small>Date</small>	<i>305.670.452</i> <small>Daytime Phone #</small>