

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041088

Entity Name: INNOVIDA SERVICES, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

560 LINCOLN ROAD
SUITE 303
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

HARPER MEYER PEREZ FERRER & HAGEN LLP
701 BRICKELL AVENUE, STE 1400
MIAMI, FL 33131

New Mailing Address:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

FEI Number: 20-4540103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: OSORIO, CLAUDIO
Address: 560 LINCOLN ROAD, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: TOLL, CRAIG
Address: 560 LINCOLN ROAD, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: D/S () Delete
Name: OSORIO, AMARILIS
Address: 560 LINCOLN ROAD, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TCFO (X) Change () Addition
Name: TOLL, CRAIG
Address: 560 LINCOLN ROAD, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVP (X) Change () Addition
Name: OSORIO, AMARILIS
Address: 560 LINCOLN ROAD, SUITE 303
City-St-Zip: MIAMI BEACH, FL 33139

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: CLAUDIO OSORIO

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date