## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000095205

Entity Name: INNOVELIX, INC.

**Current Principal Place of Business:** 

5497 WILES RD. SUITE 205

COCONUT CREEK, FL 33073

**Current Mailing Address:** 

5497 WILES RD. SUITE 205

COCONUT CREEK, FL 33073

FEI Number: 47-2388867 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEORGAKOPOULOS, STAVROS 5497 WILES RD. SUITE 205 COCONUT CREEK, FL 33073 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 21, 2015

**Secretary of State** 

CC0340426734

Officer/Director Detail:

Title Title

GEORGAKOPOULOS, STAVROS Name Name PETROS, ARGY

5497 WILES RD., SUITE 205 Address 5497 WILES RD., SUITE 205 Address City-State-Zip: COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 City-State-Zip:

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.