


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 497337

1. Entity Name
INTERNATIONAL MANAGEMENT AND FINANCIAL CONSULTANTS, INC.



Principal Place of Business CONSULTANTS, INC. 19820 KINGSTONE DRIVE MIAMI, FL 33157	Mailing Address CONSULTANTS, INC. 19820 KINGSTONE DRIVE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1736853	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAY, JOSE E.
 19820 KINGSTON DRIVE
 MIAMI, FL 33157**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	NAME CLAY, VIRGINIA
STREET ADDRESS 19820 KINGSTON DR	CITY-ST-ZIP MIAMI, FL 00000,
TITLE PD	NAME CLAY, JOSE E
STREET ADDRESS 19820 KINGSTON DR	CITY-ST-ZIP MIAMI, FL 00000,
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 secretary 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:  **JOSE E. CLAY, Pres.** **3/24/04** **305 2334642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #