

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# 497337

Entity Name: INTERNATIONAL MANAGEMENT AND FINANCIAL CONSULTANTS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

19820 KINGSTON DR.  
MIAMI, FL 33157

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 971638  
MIAMI, FL 33197

FEI Number: 59-1736853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOSE, CLAY E  
19820 KINGSTON DR.  
CUTLER BAY, FL 33157      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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLAY, VIRGINIA R  
Address: 19820 KINGSTON DR.  
City-St-Zip: CUTLER BAY, FL 33157

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

Title: PD ( ) Delete  
Name: CLAY, JOSE E  
Address: 19820 KINGSTON DR.  
City-St-Zip: CUTLER BAY, FL 33157

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: JOSE E. CLAY, PRESIDENT

MR.

04/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date