

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073241

FILED
Apr 16, 2009
Secretary of State

Entity Name: INTERNATIONAL MIRACLE GROUP, INC.

Current Principal Place of Business:

7520 S.W. 36TH ST.
MIAMI, FL 33155

New Principal Place of Business:

7220 NW 36TH ST
500
MIAMI, FL 33166 US

Current Mailing Address:

PO BOX 831449
MIAMI, FL 33283

New Mailing Address:

PO BOX 831449
MIAMI, FL 33283 US

FEI Number: 27-0021184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICOLINI, NATALIA E
7520 S.W. 36TH ST.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

NICOLINI, NATALIA E
7220 NW 36TH ST
500
MIAMI, FL 33166 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: NATALIA NICOLINI

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICOLINI, NATALIA E
Address: 7520 S.W. 36TH ST.
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICOLINI, NATALIA E
Address: 7220 NW 36TH ST SUITE 500
City-St-Zip: MIAMI, FL 33166 US

Title: VP () Change (X) Addition
Name: NICOLINI, RUBEN E
Address: 7220 NW 36TH ST SUITE 500
City-St-Zip: MIAMI, FL 33166 US

Title: S () Change (X) Addition
Name: NICOLINI, MARTA M
Address: 7220 NW 36TH ST SUITE 500
City-St-Zip: MIAMI, FL 33166 US

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: NATALIA NICOLINI

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date