

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073241

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL MIRACLE GROUP, INC.

**Current Principal Place of Business:**

7220 NW 36TH ST  
500  
MIAMI, FL 33166 US

**New Principal Place of Business:**

7220 NW 36TH ST  
642  
MIAMI, FL 33166 US

**Current Mailing Address:**

PO BOX 831449  
MIAMI, FL 33283 US

**New Mailing Address:**

**FEI Number:** 27-0021184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

NICOLINI, NATALIA E  
7220 NW 36TH ST  
642  
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 E NICOLINI

04/26/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NICOLINI, NATALIA E  
Address: 7220 NW 36TH ST SUITE 642  
City-St-Zip: MIAMI, FL 33166 US

Title: VP  
Name: NICOLINI, RUBEN E  
Address: 7220 NW 36TH ST SUITE 642  
City-St-Zip: MIAMI, FL 33166 US

Title: S  
Name: NICOLINI, MARTA M  
Address: 7220 NW 36TH ST SUITE 642  
City-St-Zip: MIAMI, FL 33166 US

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.

SIGNATURE: NATALIA E NICOLINI

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04/26/2011

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

\_\_\_\_\_  
Date