2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P05000130600** 03-28-2006 90129 021 ***150.00 INTEGRATED MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address 9441 FONTAINBLEAU BLVD SUITE 108 9441 FONTAINBLEAU BLVD SUITE 108 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 🗸 9441 Fontainebleau 9441 Fontainebleau Suite, Apt. #, etc. Suite, Apt. #, etc. = 03232006 Chg-P CR2E034 (11/05) vite 108 City & State City & State 20-3518024 Applied For FL . iami Trami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 72 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Carlos HERNANDEZ, CARLOS L Address (P.O. Box Number is Not Acceptable) -9441 FONTAINBLEAU BLVD SUITE 108 MIAMI, FL 33172 Yliami 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed nable of regulatered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ President TITLE TITLE Delete Change Addition HERNANDEZ, CARLOS L Hernandez, (arlos 1944 Fontainebleau NAME NAME 9441 FONTAINBLEAU BLVD SUITE, 108 STREET ADDRESS Bludy Suite 108 STREET ADDRESS add an "e" CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete THTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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 in Block 10 or Block 11, changed, or on an attachment 305) Carlos Hennandez 3, SIGNATURE:

FILED

Mar 28, 2006 8:00 am