

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90029 005 ***150.00

DOCUMENT # P93000084214 1. Entity Name INTERAMERICAN MARKETING SOLUTIONS, INC.					
Principal Place of Business 1320 S DIXIE HWY PH 1250 CORAL GABLES, FL 33146 US			Mailing Address 1320 S DIXIE HWY PH 1250 CORAL GABLES, FL 33146 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0456405				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIGUERAS, SILVIA T 1320 S DIXIE HWY 9350 S. DIXIE HWY PH 1250 SUITE 1400 CORAL GABLES, FL 33146 MIAMI, FL 33156			Name FIGUERAS, SILVIA T Street Address (P.O. Box Number is Not Acceptable) 9350 S. DIXIE HWY SUITE 1400 City MIAMI FL Zip Code 33156		
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 4/12/05			
(NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUERAS, MAURICIO 1320 S DIXIE HWY #250 CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIGUERAS, SYLVIA 1320 S DIXIE HWY #1250 CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIGUERAS, LUIS G 1320 S DIXIE HWY PH #1250 CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DATE 4/12/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			