


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 369605

1. Entity Name
IMESON INTERNATIONAL INDUSTRIAL PARK, INC.



Principal Place of Business Mailing Address

3001 PONCE DE LEON BLVD #200 **3001 PONCE DE LEON BLVD #200**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1359015 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAXEY, WIRT T.
3001 PONCE DE LEON BLVD.,STE.200
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBB, WILLIAM C.,JR.
STREET ADDRESS	1300 N.W. 167TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	MAXEY, WIRT T.
STREET ADDRESS	3001 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	WEBB, DANIEL B.
STREET ADDRESS	200 E.ROBINSON ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	MAXEY, REBECCA A.
STREET ADDRESS	3001 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: Wirt T. Maxey **1/16/06** **305-446-7666**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #