

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 369605

1. Entity Name
IMESON INTERNATIONAL INDUSTRIAL PARK, INC.



Principal Place of Business
**3001 PONCE DE LEON BLVD #200
CORAL GABLES, FL 33134**

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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1359015

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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IN THIS SPACE**

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, VD

1/17/06

305-446-7666

Date Daytime Phone #