


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 369605 1. Entity Name IMESON INTERNATIONAL INDUSTRIAL PARK, INC.		 FILED 07 AUG -7 AM 4:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
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
2. Principal Place of Business - No P.O. Box # 3600 Vineland Rd		3. Mailing Address ←
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. ←
City & State Orlando, FL		City & State ←
Zip 32811	Country	Zip ←
4. FEI Number 59-1359015		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Earl M. Barker, Jr. Street Address (P.O. Box Number is Not Acceptable) Slott, Barker & Nussbaum 334 E. Duval Street City Jacksonville FL Zip Code 32202
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: 7/30/2007 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME WEBB, WILLIAM C., JR. STREET ADDRESS 1300 N.W. 167TH STREET CITY- ST- ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE VP NAME Webb, William C., Jr. STREET ADDRESS 1300 N.W. 167th Street CITY- ST- ZIP Miami, Florida 33169
TITLE VD NAME MAXEY, WIRT T. STREET ADDRESS 3001 PONCE DE LEON BLVD. CITY- ST- ZIP CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE VPTD NAME Webb, Daniel B. STREET ADDRESS 3600 Vineland Rd., Ste. 101 CITY- ST- ZIP Orlando, FL 32811
TITLE VD NAME WEBB, DANIEL B. STREET ADDRESS 200 E. ROBINSON ST CITY- ST- ZIP ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE STD NAME MAXEY, REBECCA A. STREET ADDRESS 3001 PONCE DE LEON BLVD CITY- ST- ZIP CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Barker, Jr., Earl M. STREET ADDRESS 334 E. Duval St. CITY- ST- ZIP Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 200108390152 08/21/07--01058--012 **26.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 200108390152 08/21/07--01058--013 **35.00
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 authority like empowered.		
SIGNATURE: 		Date: 7/30/2007 Daytime Phone #: 904-303-0033