


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 485960 1. Entity Name INVESTMENT MANAGEMENT & DEVELOPMENT CORP.	
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Principal Place of Business 301 ALMERIA AVE. SUITE 3-D CORAL GABLES, FL 33134	Mailing Address 301 ALMERIA AVE. SUITE 3-D CORAL GABLES, FL 33134
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1707721	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DE CARDENAS, ALBERTO 301 ALMERIA AVE STE 3D 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABALLO, LEONARDO 13951 S W 108 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE CARDENAS, ALBERT 1825 S.W. 104 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CARDENAS, ALBERTO 1825 S W 104 CT MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **ALBERTO DE CARDENAS** 1/5/04 745 442 398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #