


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90040 022 \*\*\*150.00

<b>DOCUMENT # 497337</b>	
1. Entity Name <b>INTERNATIONAL MANAGEMENT AND FINANCIAL CONSULTANTS, INC.</b>	

Principal Place of Business <b>CONSULTANTS, INC. 19820 KINGSTON DRIVE MIAMI, FL 33157</b>	Mailing Address <b>CONSULTANTS, INC. 19820 KINGSTON DRIVE MIAMI, FL 33157</b>
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2. Principal Place of Business - No P.O. Box # <b>19820 KINGSTON DR</b>	3. Mailing Address <b>P.O. Box 971638</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CUTLER BAY, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33157</b>	Country <b>USA</b>
Zip <b>33197</b>	Country <b>USA</b>

04132008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1736853</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CLAY, JOSE E. 19820 KINGSTON DRIVE MIAMI, FL 33157</b>	7. Name and Address of New Registered Agent Name <b>JOSE E. CLAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>19820 KINGSTON DR.</b> <b>0</b> City <b>CUTLER BAY</b> FL Zip Code <b>33157</b>
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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:  **THE ADDRESS**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAY, VIRGINIA</b> <b>19820 KINGSTON DR</b> <b>MIAMI, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRGINIA R. CLAY</b> <b>19820 KINGSTON DR</b> <b>CUTLER BAY, FL 33157</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLAY, JOSE E</b> <b>19820 KINGSTON DR</b> <b>MIAMI, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JOSE E. CLAY</b> <b>19820 KINGSTON DR</b> <b>CUTLER BAY, FL 33157</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President** **4/12/08** **305 233 4642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #