2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #662207

1. Entity Name

INTERNATIONAL MANAGEMENT AND COMMUNICATIONS CORP.



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

701 BRICKELL AVE

850

MIAMI, FL 33131 US

Mailing Address

701 BRICKELL AVE

850

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131



01302008

No Chg-P

CR2E034 (11/05)

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4. FEI Number 59-2044771

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of Curre	nt Regist	tered Agent

TORRES, ONOFRE 701 BRICKELL AVE STE 850 MIAMI. FL 33131

DO NOT WRITE IN THIS SPACE

MIAMI, FL	33131	:	IN THIS SPACE			
the obligati	named entity submits this statement for the plant of registered agent.	ourpose of changing its registere	d office or registered a	gent, or both. in the State of Florida.	I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signature required when	reinstating) D	DATE LU	
FILI After Ma	E NOWII: FEE 18 \$150.00 ay 1, 2008 Fee will be \$650.00	9. Election Campaign Finan Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS	p. A		,	
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRES, ONOFRE 600 GRAPETREE DRIVE APT. 10BS KEY BISCAYNE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U000008206 02/18/08-8003	00 5-008 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			(DO NOT WRI	TE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				and so stay and a second		
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the ext	emptions contained in C	Chapter 119, Florida Statutes, I furthe	er certify that the information	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If it there 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 of 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 that it is a supplemental true and the supplemental true and true

SIGNATURE:

E AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/37/2776