

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003579

FILED
Mar 19, 2009
Secretary of State

Entity Name: INTERNATIONAL MARKET INVESTMENTS, LTD, CORP.

Current Principal Place of Business:

10750 NW 66 ST
304
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10750 NW 66 ST
304
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 72-1617257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASARES, BLAS R
10750 NW 66 STREET,
SUITE #304
DORAL, FL 33178 US

Name and Address of New Registered Agent:

CASARES, BLAS R
10750 NW 66 ST
SUITE #304
DORAL, FL 33178 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/19/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CASARES, BLAS R
Address: 10750 NW 66 STREET, SUITE #304
City-St-Zip: DORAL, FL 33178 US

Title: DVPT () Delete
Name: ANA, CIFUENTES G
Address: 10750 NW 66 STREET, SUITE #304
City-St-Zip: DORAL, FL 33178 US

Title: S () Delete
Name: ZAMORA, ANTONIO R
Address: 200 S BISCAYNE BLVD, FLOOR 41
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: BARNOLA, ALEJANDRO
Address: 10750 NW 66 STREET, SUITE #304
City-St-Zip: DORAL, FL 33178 US

Title: D () Delete
Name: BARNOLA, MARIANA
Address: 10750 NW 66 STREET, SUITE # 304
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA G. CIFUENTES

Electronic Signature of Signing Officer or Director

DVPT

03/19/2009

Date