

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003799

1. Entity Name  
INVESTMENT MANAGEMENT INTERNATIONAL, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 10 AM 6:52

Principal Place of Business  
4535 W SAHARA AVENUE, SUITE 204 200  
LAS VEGAS, NV 89102

Mailing Address  
4535 W SAHARA AVENUE, SUITE 204 200  
LAS VEGAS, NV 89102



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

88-0500866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
FARRELL, LYNN  
4535 W SAHARA AVENUE, SUITE 204 200  
LAS VEGAS, NV 89102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500156955345  
06/10/09--01002--004 \*\*550.00

TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
B 6/15/09

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN  
FARRELL

Date

Daytime Phone #

5/11/09 (856) 207-6874