

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90178 027 \*\*\*150.00

**DOCUMENT # J98075**

1. Entity Name  
**INTERNATIONAL MEDIA & COMMUNICATIONS (USA),  
INC.**



Principal Place of Business  
**999 BRICKELL AVE., STE 700  
MIAMI, FL 33131 US**

Mailing Address  
**999 BRICKELL AVE.  
STE. 700  
MIAMI, FL 33131 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0009560**

Applied For  
Not Applicable

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

**IMAI, GISCZLA  
333 BRICKELL AVE.  
#700  
MIAMI, FL 33131**

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, 2006 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 ☐ Delete  
NAME **S**  
STREET ADDRESS **SKOLA, THOMAS J.**  
CITY-ST-ZIP **1001 BRICKELL BAY DR SR 1508  
MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **SKOLA, THOMAS J.**  
CITY-ST-ZIP **100 Southeast Second Street, Suite 3300  
MIAMI, FL 33131-2148**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **IMAI, YASSUO**  
CITY-ST-ZIP **999 BRICKELL AVE., STE 700  
MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VTD**  
STREET ADDRESS **IMAI, GUILLERMINA SZEDMAK**  
CITY-ST-ZIP **999 BRICKELL AVE., STE 700  
MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **GM**  
STREET ADDRESS **IMAI, GISELLA**  
CITY-ST-ZIP **999 BRICKELL AVE., STE 700  
MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **GISELLA IMAI** 2/20/06 3053712580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #