


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90013 034 ***150.00

DOCUMENT # K48533	
1. Entity Name INTERNATIONAL MARKETERS, INC.	

Principal Place of Business 8103 CAMINO ROAD C-306 MIAMI, FL 33143 US	Mailing Address 8103 CAMINO ROAD C-306 MIAMI, FL 33143 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60045017



05202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent OYARZUN, BLAS A 8103 CAMINO REAL C-306 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD OYARZUN, BLAS 8103 CAMINO ROAD, STE C-306 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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:  **06-23-08 786-553-3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60045017

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Document Number K48533

Business Entity Name INTERNATIONAL MARKETERS, INC.

FEI Number 65 - 0099342FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 8103 CAMINO ROAD (PO Box not acceptable)
Suite, Apt. #, etc. C-306
City, State MIAMI, FL
Zip Code & Country 33143 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 8103 CAMINO ROAD
Suite, Apt. #, etc. C-306
City, State MIAMI, FL
Zip Code & Country 33143 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) OYARZUN, BLAS, A, Owner
- OR -

Business to serve as RA _____

Street Address In Florida 8103 CAMINO REAL (PO Box not acceptable)
Suite, Apt. #, etc. C-306
City, State MIAMI, FL
Zip Code & Country 33143 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

60045017
K4185313

Officer/Director Name And Address**Name And Address #1**

Title PSD
Name (Last, First, Middle, Title) OYARZUN, BLAS, , ,
- OR -
Entity Name to serve as Officer/Director
Street Address 8103 CAMINO ROAD, STE C-306
City, State MIAMI, FL
Zip Code & Country 33143

Name And Address #2

Title
Name (Last, First, Middle, Title), , ,
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Name And Address #3

Title
Name (Last, First, Middle, Title), , ,
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Name And Address #4

Title
Name (Last, First, Middle, Title), , ,
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the "Officer/Director Signature" block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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