


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # M80250	
1. Entity Name INTERNATIONAL MONETARY MORTGAGE FUND, INC.	

Principal Place of Business 825 BRICKELL BAY DR TOWER III, SUITE 1849 MIAMI, FL 33131 US	Mailing Address 825 BRICKELL BAY DR TOWER III, SUITE 1849 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

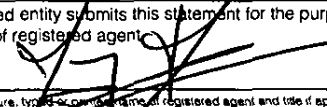
4. FEI Number 65-0047621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINA, JUVENAL A.
825 S. BAYSHORE DR.
TOWER 3, SUITE 1849
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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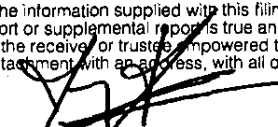
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PINA, JUVENAL A. 825 BRICKELL BAY DR #1849 MIAMI, FL 33131
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U000000950588
06/03/08-80075-012 150.00

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:  AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #