

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 17, 2008 08:00 A Secretary of State

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1. Entity Name

INTERNATIONAL MANAGEMENT SERVICES, INC.



Principal Place of Business

7270 NW 12TH STREET SUITE #680

MIAMI, FL 33126 US

Mailing Address

7270 NW 12TH STREET SUITE #680 MIAMI, FL 33126 US



01072008

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0984701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARTLAN, PAUL V 7270 NW 12TH STREET SUITE 680 MIAMI, FL 33126

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Papolicable (NOTE, Registered Ag	ent signatura	required when reinstating)	DATE
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			3.
TITLE NAME STREET ADDRESS CITY-ST-ZiP	PD GARTLAN, PAUL V 7270 NW 12TH STREET SUITE #680 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILWIT, I L 33120				U00000860556 04/02/08-80067-005 158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #