

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 017 ***150.00

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1. Entity Name

**INTERNATIONAL ASSET MANAGEMENT ASSOCIATES,
INC.**



Principal Place of Business

**4821 NW 99 COURT
MIAMI FL 33178**

Mailing Address

**4821 NW 99 COURT
MIAMI FL 33178**

2. Principal Place of Business

3522 OSCEOLA DR

Suite, Apt. #, etc.

3. Mailing Address

3522 OSCEOLA DR

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32901

Country

USA

Zip

32901

Country

USA

6. Name and Address of Current Registered Agent

**COBB, DALLAS R III
4821 NW 99 COURT
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **COBB, DALLAS R. III**

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

3522 OSCEOLA DR

City

MELBOURNE

FL

Zip Code

32901

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 **DALLAS R. COBB III** **PRESIDENT** **Dallas R. Cobb III** **2-2-04**
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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MR** ☐ Delete
NAME **COBB, DALLAS R III**
STREET ADDRESS **4821 NW 99 COURT**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MR** ☒ Change ☐ Addition
NAME **COBB, DALLAS R III**
STREET ADDRESS **3522 OSCEOLA DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: **Dallas R. Cobb III** **DALLAS R. COBB III** **2-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-768-2864