

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91003 011 ***150.00

DOCUMENT # P01000071598

1. Entity Name
**INTERNATIONAL MEDIATION CONCILIATION AND
ARBITRATION, CORP.**



Principal Place of Business
**1825 MAIN ST #105
WESTON, FL 33326**

Mailing Address
**1825 MAIN ST #105
#500
WESTON, FL 33326**

2. Principal Place of Business
12854 SW, 49th CT
Suite, Apt. #, etc.

3. Mailing Address
12854 SW, 49th CT
Suite, Apt. #, etc.



04242004 Chg-P CR2E034 (10/03)

City & State
MIRAMAR, FLORIDA

City & State
MIRAMAR, FLORIDA

4. FEI Number
65-1130468

Applied For
Not Applicable

Zip Country
33027 U.S.A

Zip Country
33027 U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MEZA, MAURA
1825 MAIN ST #105
WESTON, FL 33326

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MEZA, MAURA**
STREET ADDRESS **1825 MAIN ST STE 105**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VD** ☐ Delete
NAME **GARCIA, JOSE O**
STREET ADDRESS **1825 MAIN ST STE 105**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VD** ☐ Change ☐ Addition
NAME **Hecht Garcia, Jose O.**
STREET ADDRESS **12854 SW, 49th CT**
CITY-ST-ZIP **MIRAMAR, FL 33027**

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

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

TITLE ☐ Change ☐ Addition
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 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 **HECHT GARCIA, JOSE O.**

04-24-04 786 487 0304