

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91151 005 ***150.00

DOCUMENT # P01000071598
1. Entity Name
INTERNATIONAL MEDIATION, CONCILIATION AND ARBITRATION. CORP.



11040300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1825 MAIN STREET Suite, Apt. #, etc. 105 City & State Weston Zip 33326 Country USA	3. Mailing Address 1825 MAIN STREET Suite, Apt. #, etc. 105 City & State WESTON Zip 33326 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MEZA, MAURA
Street Address (P.O. Box Number is Not Acceptable) 1825 MAIN STREET, SUITE 105
City WESTON
State FL
Zip Code 33326

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 _____ DATE 04-29-2003

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD. MEZA, MAURA 1825 MAIN STREET, SUITE 105, WESTON, FL, 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. GARIA, JOSE O 1825 MAIN STREET, SUITE 105, WESTON, FL, 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maura Meza* MAURA MEZA Date: 04-29-2003 Daytime Phone #: 305-303-7248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)