2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 08:00 AM Secretary of State

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1. Entity Name

INTÉRNATIONAL METALS GROUP, INC.



Principal Place of Business

Mailing Address

802 PALM OAK DRIVE APOPKA, FL 32712 US 802 PALM OAK DRIVE APOPKA, FL 32712 US



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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6. Name and Address of Current Registered Agent

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
02-0536378	1 1	vot Applicable
5. Certificate of Status Desired	\$8.75 Ad Fee Requir	

YGLESIAS, ARMANDO	DO NOT WRITE
802 PALM OAK DRIVE	DO NOT WITH L
APOPKA, FL 32712	IN THIS SPACE

 The above named entity submits this statement for the p the obligations of registered agent. 	surpose of changing its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	f applicable. (NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000239899 02/23/05-80008-006 150.00
10. OFFICERS AND DIREC		

After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.		Ц	Added to Fees	02/23/05-80008-006 1	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YGLESIAS, ARMANDO 802 PALM OAK DRIVE APOPKA, FL 32712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YGLESIAS, ARMANDO 802 PALM OAK DRIVE APOPKA, FL 32712		nine e	<u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

SIGNATURE AND TYPED OR PI OFFICER OR DIRECTOR

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