


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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90043 028 ***150.00

DOCUMENT # P02000007050	
1. Entity Name INTERNATIONAL METALS GROUP INC.	

80114323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21121 SW 85 AVE Suite, Apt. #, etc. #102		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33189	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0536378		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 ARMANDO YGLESIAS	
	Street Address (P.O. Box Number is Not Acceptable) 9511 SW 138 PL. BD 8 APT 11	
	City MIAMI FL	Zip Code FL 33186

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 _____

January 1 - May 1 Fee is \$100.00 After May 1, Fee is \$550.00 Amended UBR is \$81.20 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARMANDO YGLESIAS 9511 SW 138 PL. BD. 8 APT 11 MIAMI, FL. 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone # _____

CR2E034B (12/02)