

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90044 048 \*\*\*150.00

<b>DOCUMENT #</b> P02000099924
<b>1. Entity Name</b> Interamerican Merchandising Group, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6557 N.W. 43rd Terr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6557 N.W. 43rd Terr. Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Boca Raton, FL <b>Zip</b> 33496-4048	<b>Country</b> USA	<b>City &amp; State</b> Boca Raton, FL <b>Zip</b> 33496-4048	<b>Country</b> USA	<b>4. FEI Number</b> 52-2378509	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

**Name**  
Eslava, Andres  
**Street Address (P.O. Box Number is Not Acceptable)**  
6557 N.W. 43rd Terr.

**City**  
Boca Raton, FL **FL** **Zip Code**  
33496

**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**  **Andres Eslava**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-10-2005

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**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Duque, Jaime 6557 N.W. 43rd Terr. Boca Raton, FL 33496	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Duque, Veronica 6557 N.W. 43rd Terr. Boca Raton, FL 33496	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

**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

Jaime Duque

Date

Daytime Phone #

04/10/05 561-989-0128