

2006

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

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 016 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P02000099924			
1. Entity Name Interamerican Merchandising Group, Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 6557 N.W. 43rd Terr. Suite, Apt. #, etc.		3. Mailing Address 6557 N.W. 43rd Terr. Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33496-4048 Country USA		City & State Boca Raton, FL Zip 33496-4048 Country USA	
4. FEI Number 52-2378509		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		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 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 \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Duque, Jaime 6557 N.W. 43rd Terr. Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Duque, Veronica 6557 N.W. 43rd Terr. Boca Raton, FL 33496	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)(l), 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 employees.			
SIGNATURE:		Jaime Duque FEB. 24. 2006 561-989-0128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (1/202)