

2008

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

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90018 038 ***150.00

DOCUMENT # P02000099924
1. Entity Name Interamerican Merchandising Group, Inc.

DO NOT WRITE IN THIS SPACE

50005563

2. Principal Place of Business 6557 N.W. 43rd Terr. Suite, Apt. #, etc.	3. Mailing Address 6557 N.W. 43rd Terr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 52-2378509	Applied For <input type="checkbox"/> Not Applicable
Zip 33496-4048	Country USA	Zip 33496-4048	Country USA
		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
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

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 \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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)(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

Jaime Duque

4/19/08

561-989-0128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #