

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051314

FILED
Jun 08, 2006
Secretary of State

Entity Name: INTERNATIONAL MEDICAL EDUCATION CONSULTANTS, INC.

Current Principal Place of Business:

12460 SW 46TH ST.
MIAMI, FL 33175

New Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146

Current Mailing Address:

12460 SW 46TH ST.
MIAMI, FL 33175

New Mailing Address:

4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146

FEI Number: 90-0083598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMEUE, HUGO
12460 SW 46TH ST.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

ROMEUE, HUGO
4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 US

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.

SIGNATURE: HUGO ROMEUE

06/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMEUE, HUGO
Address: 12460 SW 46TH ST.
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: TOBAR, ARTURO
Address: 10578 NW 51ST LANE
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: ROMEUE, HUGO
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP T (X) Change () Addition
Name: TOBAR, ARTURO
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Change (X) Addition
Name: ROMEUE, HUGO
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Change (X) Addition
Name: TOBAR, ARTURO
Address: 4000 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO ROMEUE

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date