2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002539

Name:

Address: City-St-Zip: MENTOR, PAUL R

MIAMI, FL 33186

12398 SW 128TH ST SUITE 101

Entity Name: INTEGRATED VOICE MANAGEMENT TELECOM, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5201 BLUE LAGOON DRIVE SUITE 900 MIAMI, FL 33126			13257 SW 112 TERRACE MIAMI, FL 33186		
Current Mailing Address:			New Mailing Address:		
5201 BLUE LAGOON DRIVE SUITE 930 MIAMI, FL 33126			13257 SW 112 TERRACE MIAMI, FL 33186		
FEI Number:	: 58-2681953	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC MIAMI, FL The above in the State	OR 33145 US named entity set of Florida.		ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PSTD () MEHU, WILLY 13257 SW 112 MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BRISBANE, BRY	H ST SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLY MEHU DP 04/30/2009