

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027984

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: INT'L MARKETING USA-CHILE ASSOC. CORP.

## Current Principal Place of Business:

600 BRICKELL AVE.  
SUITE 505  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

600 BRICKELL AVE.  
SUITE 505  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 80-0097482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIACAMAN, CLAUDIO  
600 BRICKELL AVE.  
SUITE 505  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

GIACAMAN, CLAUDIO F  
600 BRICKELL AVE.  
SUITE 505  
MIAMI, FL 33131 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: CLAUDIO F GIACAMAN

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GIACAMAN, CLAUDIO  
Address: 600 BRICKELL AVE., STE. 505  
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Delete  
Name: VON KRETSCHMANN, CLAUDIO  
Address: 600 BRICKELL AVE., STE. 505  
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Delete  
Name: SEPULVEDA, JORGE G  
Address: 600 BRICKELL AVE., STE. 505  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: RODILLO, NICOLAS  
Address: 600 BRICKELL AVE., STE. 505  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIO F GIACAMAN

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date