

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138173

FILED
Apr 28, 2006
Secretary of State

Entity Name: INSTITUTO MERCADOLOGICO DE LAS AMERICAS, INC.

Current Principal Place of Business:

2 ALHAMBRA PLAZA, SUITE 102
CORAL GABLES, FL 33134

New Principal Place of Business:

2 ALHAMBRA PLAZA, SUITE 102
CORAL GABLES, FL 33134 US

Current Mailing Address:

2 ALHAMBRA PLAZA, SUITE 102
CORAL GABLES, FL 33134

New Mailing Address:

2 ALHAMBRA PLAZA, SUITE 102
CORAL GABLES, FL 33134 US

FEI Number: 20-3663778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRENTS, JORDI R
2655 LE JEUNE RD.
SUITE 804
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: DOMINGUEZ, OSCAR
Address: 2 ALHAMBRA PLAZA, SUITE 102
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SANTOS NETO, RICARDO J
Address: R. MINISTRO DE HUNGRIA 239-CJ 04 05690-050
City-St-Zip: SAO PAULO, BRASIL,

Title: D () Delete
Name: SANTOS NETO, RICARDO M
Address: R. MINISTRO DE HUNGRIA 239-CF 04 05690-050
City-St-Zip: SAO PAULO, BRASIL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: DOMINGUEZ, OSCAR
Address: 2 ALHAMBRA PLAZA, SUITE 102
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change () Addition
Name: SANTOS NETO, RICARDO J
Address: R. MINISTRO DE HUNGRIA 239-CJ 04 05690-050
City-St-Zip: SAO PAULO, BRASIL, SP BS

Title: D (X) Change () Addition
Name: SANTOS NETO, RICARDO M
Address: R. MINISTRO DE HUNGRIA 239-CF 04 05690-050
City-St-Zip: SAO PAULO, BRASIL, SP BS

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: OSCAR DOMINGUEZ

PTS

04/28/2006

Electronic Signature of Signing Officer or Director

Date