
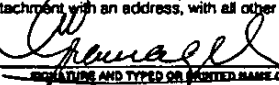


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 19, 2008 8:00 am
Secretary of State

05-27-2008 90043 035 ***150.00

DOCUMENT # P06000051281			
1. Entity Name INDEPENDENT PROJECT MANAGERS INC			
Principal Place of Business 6021 NW 61ST AVE. BLDG 16 #201 FT. LAUDERDALE, FL 33319		Mailing Address 6021 NW 61ST AVE. BLDG 16 #201 FT. LAUDERDALE, FL 33319	
2. Principal Place of Business - No P.O. Box # 6021 NW 61 AVE #201		3. Mailing Address	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.	
City & State FT LAUDERDALE		City & State FL	
Zip 33319	Country USA	Zip	Country
8. Name and Address of Current Registered Agent GARCIA, BERTHA C 1943 SW 8 STREET MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAMAGE, VICENTE 6021 NW 61ST. BLDG 16 #201 FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRAMAGE, MARITZA 6021 NW 61 ST. AVE. BLDG 16 #201 FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		06/14/08 954-588-9407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	