## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000067505

Title:

Name:

Address:

City-St-Zip:

FILED Jan 19, 2009 Secretary of State

Entity Nan	ne: THE INTE	GRATED MEDIA GROUP INC			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
3430 NORT MIAMI, FL	TH MIAMI AVE, 33127	STE 201			
Current Mailing Address:			New Mailing A	New Mailing Address:	
3430 NORTH MIAMI AVE, STE 201 MIAMI, FL 33127			STE 201	3430 NORTH MIAMI AVE STE 201 MIAMI, FL 33127	
FEI Number:	20-5345399	FEI Number Applied For ( )	FEI Number Not Applicabl	le ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
ECHEVARRIA, MARIA P 804 S. DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134 US			3430 NORTH N SUITE 201	ECHEVARRIA, MARIA P 3430 NORTH MIAMI AVE SUITE 201 MIAMI, FL 33127 US	
The above in the State		ubmits this statement for the p	urpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: MARIA PAZ ECHEVARRIA				01/19/2009	
		c Signature of Registered Age	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I BOZAS, RODOL 2341 SW 10TH S MIAMI, FL 3313	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[ FERNANDEZ, GE 11353 NW 65 ST DORAL, FL 331	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D ()[ SEGRETO, LUIG	Delete	Title: Name:	( ) 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA PAZ ECHEVARRIA D 01/19/2009

() Delete

ECHEVARRIÀ, MARIA P

112 SW 23 ROAD

MIAMI, FL 33129

() Change () Addition