

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90187 010 ***150.00

DOCUMENT # P07000084538

1. Entity Name
INTERNATIONAL MW SOLUTIONS, INC.



Principal Place of Business
**419 LAKEVIEW DR., APT 104
WESTON, FL 33326**

Mailing Address
**419 LAKEVIEW DR., APT 104
WESTON, FL 33326**

2. Principal Place of Business - No P.O. Box #
4885 NW 97 PLACE
Suite, Apt. #, etc.

3. Mailing Address
4885 NW 97 PLACE
Suite, Apt. #, etc.



02162008 Chg-P CR2E034 (12/06)

City & State
DORAL, FL
Zip
33178 Country

City & State
DORAL, FL
Zip
33178 Country

4. FEI Number
26-0594544 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHISON, CARLOS
419 LAKEVIEW DR., APT 104
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4885 NW 97 PLACE
City **DORAL** FL Zip Code **33178**

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 **CARLOS MATHISON, PRES.** **2/24/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATHISON, CARLOS	
STREET ADDRESS	419 LAKEVIEW DR., APT 104	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4885 NW 97 PL	
CITY-ST-ZIP	DORAL FL 33178	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSANA MATHISON	
STREET ADDRESS	4885 NW 97 PL	
CITY-ST-ZIP	DORAL FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS MATHISON

Date

Daytime Phone

2/25/08 (754) 273-2001