


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000015100 1. Entity Name INTERNATIONAL MACHINERY SALES, INC.	
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Principal Place of Business 8375 NW 56 STREET MIAMI, FL 33166 US	Mailing Address 8375 NW 56 STREET SUITE 2150 MIAMI, FL 33166 US
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0496057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, KAI
 201 S BISCAYNE BLVD
 #1500
 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRAUTKREMER, FRANZ 8375 NW 56 TERR. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRAUTKREMER, MICHAEL 8375 NW 56 TERR. MIAMI, FL 33166
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 01/28/04-80011-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jan 20, 2004** **(305) 592-1350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #