


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000095370 1. Entity Name IMA CALUSA, INC.	
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Principal Place of Business 1575 SAN IGNACIO AVENUE SUITE 100 CORAL GABLES, FL 33146	Mailing Address 1575 SAN IGNACIO AVENUE SUITE 100 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0708043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESQ. 200 S. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMGARD, DANIEL 1575 SAN IGNACIO AVE SUITE 100 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEPPARD, RALPH 1575 SAN IGNACIO AVE SUITE 100 CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80018-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RALPH SHEPPARD 1/6/05 (305) 561-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #