

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000029215

1. Entity Name
INTERNATIONAL AMALGAMATED GROUP, INC.



Principal Place of Business
**PENTHOUSE, 10800 BISCAYNE BLVD.
MIAMI, FL 33161**

Mailing Address
**PENTHOUSE, 10800 BISCAYNE BLVD.
MIAMI, FL 33161**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0751926** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, MEL
PENTHOUSE, 10800 BISCAYNE BLVD.
MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HARRIS, MEL**
STREET ADDRESS **PENTHOUSE, 10800 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **D**
NAME **FISCHER, ALEXANDER E**
STREET ADDRESS **BOX 277, 185 BERRY RD.**
CITY-ST-ZIP **BRIDGEWATER, CT 06752**

TITLE **P**
NAME **RYAN, NANCY**
STREET ADDRESS **10800 BISCAYNE BLVD PENTHOUSE**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/31/06-80012-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 thereof 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/18/06

205-899-0441