2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000074338 1. Entity Name INTERNATIONAL MONETARY GROUP, INC.							
825 BRICKELL BAY DR 82 TOWER III, STE 1849 TO		alling Address 125 BRICKELL BAY DR TOWER 111, STE 1849 ALAMI, FL 33131					
DO NOT WRITE IN THIS SPACE				04292004 No Chg 4. FEI Number 65-0784597 5. Certificate of Status Dec	-P CR2E03	Applied For Not Applicable 8.75 Additional Required	
	6. Name and Address of Current Rec	Istered Agent	. , ,				
PINA, JUVENAL A 825 BRICKELL BAY DR TOWER III, STE 1849 MIAMI, FL 33131				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, lypod or pririded name of registated agent and title if applicable. (NOTE, Registered Agent signature regulated when reinstalling) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	ÓFFICERS AND DIF	ECTORS					
HAME STREET ADDRESS CRY-ST-ZIP	D PINA, JUVENAL A 825 BRICKELL BAY DR, TOWER II MIAMI, FL 33131	I, STE 1849					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	All days & Gotto			05,/0 ⁴	9000015136 1/04-80042	9 -010 150.00	
TITLE NAME			1	•			
STREET ADDRESS City - St - ZIP	1			DO NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE		
TITLE HAME STREET ADORESS						- Laboratoria de la companyo de la c	
CITY-ST-ZIP			1				
NAME STREET ADDRESS CITY - ST - ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 further certify that the information indicated on this report or suppliemental 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 chapter 607, or an attachment with an address, with all other like empowered.							
SIGNAT	URE:	THEO NAME OF SIGNING OFFICER OF DRIE	TOR	9/29/ Date/	(30 <u>5)</u>	374-4377	
77							