


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000074338 1. Entity Name INTERNATIONAL MONETARY GROUP, INC.	
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Principal Place of Business 825 BRICKELL BAY DR TOWER III, STE 1849 MIAMI, FL 33131	Mailing Address 825 BRICKELL BAY DR TOWER III, STE 1849 MIAMI, FL 33131
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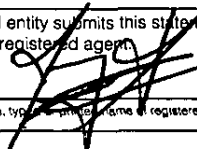
04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0784597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered 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  (NOTE: Registered Agent signature required when reinstating) Signature, type and print name of registered agent and title if applicable DATE 4/25/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PINA, JUVENAL A 825 BRICKELL BAY DR, TOWER III, STE 1849 MIAMI, FL 33131
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<p>U000000951935 06/04/08-80056-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/25/08 Daytime Phone #
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