


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000022034</b><br>1. Entity Name<br><b>INTEGRAL MANAGEMENT GROUP INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O 169 E FLAGLER ST<br/>SUITE 1118<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>C/O 169 E FLAGLER ST<br/>SUITE 1118<br/>MIAMI, FL 33131</b> |
|---|---|



01102006 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0837189</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>GLINSKY, MICHAEL P.A.<br/>169 EAST FLAGLER ST<br/>SUITE 1118<br/>MIAMI, FL 33131</b> |
|---|

**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 (file if applicable).

(NOTE: Registered Agent signature required when reinstalling)

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**

000000478919  
04/08/06-80024-007 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MANZANERA G., JOSE<br>CARRERA 43 A NO. 16 SUR 250<br>MEDELLIN, COLUMBIA,        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>CANO V., BEATRIZ ELENA<br>CALLE 10 NO. 38-35 OFICINA 301<br>MEDELLIN, COLUMBIA, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-06

3053584466

Date

Daytime Phone if