

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000039758

1. Entity Name
INTERNATIONAL MARKETING ADVISORS, INC.



Principal Place of Business
**717 PONCE DE LEON BLVD STE 317
MIGUEL GONZALES
CORAL GABLES, FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD STE 317
MIGUEL GONZALES
CORAL GABLES, FL 33134**



01142006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0848068

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GONZALEZ, MIGUEL M
717 PONCE DE LEON BLVD STE 317
THE LAW CENTER, STE 5
CORAL GABLES, FL 33134**

**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 not 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 ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEDESMA, AUGUSTO R 717 PONCE DE LEON BLVD STE 317 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEDESMA, ROSA MARIA 717 PONCE DE LEON BLVD STE 317 CORAL GABLES, FL 33134
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04/25/06 00002-001 150.00

**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 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

4/26/06

Date

305-461-1650

Daytime Phone #