


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90036 042 ***150.00

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
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2. Principal Place of Business - No P.O. Box # % MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.	3. Mailing Address % MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.
City & State Miami, FL 33125	City & State Miami, FL 33125
Zip Country	Zip Country

01162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0848068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M 717 PONCE DE LEON BLVD STE 317 THE LAW CENTER, STE 6 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 27th Avenue, Suite 105A Miami, FL 33125 City FL Zip Code
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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) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEDESMA, AUGUSTO R 717 PONCE DE LEON BLVD STE 317 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 525 N.W. 27th Avenue, Suite 105A Miami, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEDESMA, ROSA MARIA 717 PONCE DE LEON BLVD STE 317 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 525 N.W. 27th Avenue, Suite 105A Miami, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Augusto R. Ledesma 3/21/07 **305-649-0030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #