2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90042 021 ***150.00

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1. Entity Name
INTERNATIONAL MARKETING ADVISORS, INC.

Principal Place of Business	Mailing Address
% MIGUEL M. GONZALEA, P.A. 525 N.W. 27TH AVENUE, STE 105A MIAMI, FL 33125	% MIGUEL M. GONZALEA, P.A. 525 N.W. 27TH AVENUE, STE 105A MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0848068
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M
525 N.W. 27TH AVENUE
SUITE 105A
MIAMI, FL 33125

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEDESMA, AUGUSTO R
STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 105A
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DS
NAME	LEDESMA, ROSA MARIA
STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 105A
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____ 4/1/08 ✓ 305-649-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #