

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G02997

**Entity Name:** INTERNATIONAL MANAGEMENT & SUPPLY, INC.

**FILED**  
**Mar 26, 2024**  
**Secretary of State**  
**9767107491CC**

**Current Principal Place of Business:**

11113 BISCAYNE BLVD.,  
APT # 658  
MIAMI, FL 33181

**Current Mailing Address:**

P.O. BOX 546706  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number: 59-2232431**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GIMENEZ SOUCY, PABLO DIRECTOR  
11113 BISCAYNE BLVD.,  
APT # 658  
MIAMI, FL 33181 US

*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.*

**SIGNATURE: PABLO GIMENEZ SOUCY**

**03/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GIMENEZ POCATERRA, GUSTAVO  
Address 11113 BISCAYNE BLVD.,  
APT # 658  
City-State-Zip: MIAMI FL 33181

Title D  
Name GIMENEZ SOUCY, PABLO  
Address 11113 BISCAYNE BLVD.,  
APT # 658  
City-State-Zip: MIAMI FL 33181

Title VP  
Name GIMENEZ SOUCY, MARIANA  
Address 11113 BISCAYNE BLVD.,  
APT # 658  
City-State-Zip: MIAMI FL 33181

Title VP  
Name GIMENEZ SOUCY, IVONNE  
Address 11113 BISCAYNE BLVD.,  
APT # 658  
City-State-Zip: MIAMI FL 33181

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IVONNE GIMENEZ SOUCY**

**VP**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date