

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000071700  
 1. Entity Name  
 INTERNATIONAL MANNING SYSTEMS, INC.



Principal Place of Business 444 BRICKELL AVENUE #420 MIAMI, FL 33131 US	Mailing Address 444 BRICKELL AVENUE #420 MIAMI, FL 33131 US
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02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0444884	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 BLANCK, ROBERT W  
 5730 SW 74TH ST  
 MIAMI, FL 33143

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000055970  
 02/18/04-80027-013 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVERONI, GIUSEPPE 444 BRICKELL AVE STE 420 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOMEZ-OSORIO, MARY 444 BRICKELL AVE STE 420 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PASSANTE, CARLO 444 BRICKELL AVE SUITE 420 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD MELZI, MARCO 444 BRICKELL AVE SUITE 420 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Gomez-Osorio 2/18/04 (305) 539-9530  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #