


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90108 023 ***150.00

DOCUMENT # F04000002588 1. Entity Name INTERNATIONAL INTERNET HOLDINGS, INC.					
Principal Place of Business 6301 COLLINS AVE, APT 2004 MIAMI BEACH, FL 33141				Mailing Address 6301 COLLINS AVE, APT 2004 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1521 Alton Rd #626		Suite, Apt. #, etc. 1521 Alton Rd, #626			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33139		Country USA		Zip 33139	
Country USA		4. FEI Number 13-3874871			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAHLBERG, MEIR 6301 COLLINS AVE, APT 2004 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1521 Alton Rd, #626 City Miami Beach FL Zip Code 33139		
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 <i>x [Signature]</i> July 5, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STRAHLBERG, MEIR 6301 COLLINS AVE, APT 2004 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1521 ALTON RD, #626 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>x [Signature]</i>		July 5, 2005 305.938.4400x222			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			