

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002588 1. Entity Name INTERNATIONAL INTERNET HOLDINGS, INC.						
Principal Place of Business 1521 ALTON ROAD # 626 MIAMI BEACH, FL 33139	Mailing Address 1521 ALTON ROAD # 626 MIAMI BEACH, FL 33139					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent STRAHLBERG, MEIR 1521 ALTON ROAD # 626 MIAMI BEACH, FL 33139		 02172006 No Chg-F CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 13-3874871</td> <td style="padding: 2px;">Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 13-3874871	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
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 file if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	CP					
NAME	STRAHLBERG, MEIR					
STREET ADDRESS	1521 ALTON ROAD # 626					
CITY-ST-ZIP	MIAMI BEACH, FL 33139					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11000000542124 05/10/06-80084-020 150.00 DO NOT WRITE IN THIS SPACE						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/25/06 Date 305-432-4410 Daytime Phone if				