

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90733 022 ***150.00

DOCUMENT # F99000000633

1. Entity Name

INTERNET ASSOCIATES INTERNATIONAL, INC.



TO: *BO*
DEPT: _____

Principal Place of Business

125 WORTH AVE.
#113
PALM BEACH FL 33480

Mailing Address

125 WORTH AVE.
#113
PALM BEACH FL 33480

CO: _____

FAX: _____

588-1929 DATE: *94057629*



MOORE CR2E034 (11/03)

2. Principal Place of Business

2875 S. Ocean Blvd
Suite, Apt. #, etc. *Suite 104*

3. Mailing Address

2875 S. Ocean Blvd
Suite, Apt. #, etc. *Ste 104*

City & State

Palm Beach FL
Zip *33480* Country _____

City & State

Palm Beach FL
Zip *33480* Country _____

4. FEI Number

88-0412442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J
125 WORTH AVE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2875 S. Ocean Blvd.

Suite 104

City

Palm Beach

FL

Zip Code

33480

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]

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME S
STREET ADDRESS POSNER, MICHAEL
CITY-ST-ZIP 125 WORTH AVENUE
PALM BEACH FL 33480

TITLE ☐ Delete
NAME D
STREET ADDRESS POSNER, MICHAEL
CITY-ST-ZIP 125 WORTH AVENUE
PALM BEACH FL 33480

TITLE ☐ Delete
NAME D
STREET ADDRESS TOLLEY, BARBARA
CITY-ST-ZIP 125 WORTH AVE.
PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME President/Secretary
STREET ADDRESS Michael Posner
CITY-ST-ZIP 2875 S. Ocean Blvd, Ste 104

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Michael Posner
CITY-ST-ZIP 2875 S. Ocean Blvd Ste 104

TITLE ☐ Change ☐ Addition
NAME Resigned
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Brad Tolley, Director
STREET ADDRESS 2875 S. Ocean Blvd Ste 104
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-04 561-832-2700