


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N47978 1. Entity Name INTERNATIONAL ASSOCIATION FOR MANAGEMENT OF TECHNOLOGY, INC.	
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Principal Place of Business 1251 MEMORIAL DRIVE MCARTHUR 268 CORAL GABLES, FL 33124 US	Mailing Address P.O. BOX 248294 CORAL GABLES, FL 33124 US
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0331604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KHALIL TAREK M 5105 ORDUNA DRIVE CORAL GABLES, FL 33146
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE + NAME STREET ADDRESS CITY-ST-ZIP	PPCD KAHALIL, TAREK M 5105 ORDUNA DRIVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASCONCELLOS, EDUARDO RUA DARDANELOS, 108 APT 16B SAN PAULO, BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOSNI, YASSER A PO BOX 162450 ORLANDO, FL 328162450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AJE, JOHN DR UMUC GRADUATE SCHOOL UNIVERSITY PARK, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/17/05-80025-005 61.25

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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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/4/05 (305) 284-2205 <small>Daytime Phone #</small>
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