

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N47978

1. Entity Name
**INTERNATIONAL ASSOCIATION FOR MANAGEMENT OF
TECHNOLOGY, INC.**



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**



07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0331604

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KHALIL TAREK M
5105 ORDUNA DRIVE
CORAL GABLES, FL 33146**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PPCD
NAME	KAHALIL, TAREK M
STREET ADDRESS	5105 ORDUNA DRIVE
CITY-STATE-ZIP	CORAL GABLES, FL 33146

TITLE	TD
NAME	VASCONCELLOS, EDUARDO
STREET ADDRESS	RUA DARDANELOS, 108 APT 16B
CITY-STATE-ZIP	SAN PAULO, BR

TITLE	VPD
NAME	HOSNI, YASSER A
STREET ADDRESS	PO BOX 162450
CITY-STATE-ZIP	ORLANDO, FL 328162450

TITLE	PD
NAME	AJE, JOHN DR
STREET ADDRESS	UMUC GRADUATE SCHOOL
CITY-STATE-ZIP	UNIVERSITY PARK, MD

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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08/18/06-80001-028 70.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-06 (305)284-4100

DATE

DAYTIME PHONE #