

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47978

FILED
Sep 01, 2009
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION FOR MANAGEMENT OF TECHNOLOGY, INC.

Current Principal Place of Business:

1251 MEMORIAL DRIVE
MCARTHUR 268
CORAL GABLES, FL 33124 US

Current Mailing Address:

P.O. BOX 248294
CORAL GABLES, FL 33124 US

New Principal Place of Business:

1251 MEMORIAL DRIVE
MCARTHUR 270
CORAL GABLES, FL 33146 US

New Mailing Address:

P.O. BOX 248294
CORAL GABLES, FL 33124 US

FEI Number: 65-0331604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KHALIL, TAREK M DR.
5105 ORDUNA DRIVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KAHALIL, TAREK M DR.
Address: 5105 ORDUNA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: VASCONCELLOS, EDUARDO DR.
Address: RUA DARDANELOS, 108 APT 16B
City-St-Zip: SAN PAULO, BR

Title: PD () Delete
Name: HOSNI, YASSER A DR.
Address: PO BOX 162450
City-St-Zip: ORLANDO, FL 328162450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAREK KHALIL

CD

09/01/2009

Electronic Signature of Signing Officer or Director

Date