2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 Al Secretary of State

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1. Entity Name

INTERNATIONAL OUTSOURCE MANAGEMENT, INC.



Principal Place of Business

7270 N.W. 12TH ST. SUITE #680

MIAMI, FL 33126

Mailing Address

7270 N.W. 12TH ST. **SUITE #680**

MIAMI, FL 33126

01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0984705

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

GARTLAN, PAUL V 7270 N.W. 12TH STREET **SUITE #680** MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed office or registered	agent, or both, in the Sta	te of Florida. I am fa	amiliar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registere	d Agent signature required whe	n reinstating)	DATE		_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		May Be			
10.	OFFICERS AND DIREC	TORS	· · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTLAN, PAUL V 7270 N.W. 12TH ST., STE. # 680 MIAMI, FL 33126			04/02 DO NOT	00000860553 208-80067- WRITE	003 158.	?5
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP