FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026668

1. Entity Name

SIGNATURE:

INTERNET MARKETING SERVICES USA INC



FILED

03 JUN 30 AM 10: 42

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE						500021414435 07/09/0301027024 ***300.00			
2. Principal Place of Business 3. Mailing Address 1570 WEST 43 PLACE SAME						07/09/03~-01027024 **300.00			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite. Apt. #, etc.		~	DO NOT WRITE IN THIS SPACE			
#5 City & State		City & State				El Number	Applied For Not Applicable		
HIALEAH F. FL 33012 Zip Country 33012		Zip	Countr	Country				.75 Additional	
						Fee Required Name and Address of Current Registered Agent			
	DO NOT W IN THIS SI	ART SANGE TALLER		Street Addres	O_RO 5 (P.O. Bo	DRIGUEZ ox Number is Not Acceptable) 43 PLACE #5	310104 / 1		
The chare	named entity submits this statement to	The response of chapming		City HIALEA		NAMES OF STREET STR	FL	Zin Code 3 3 0 1 2	
the obligat	flons of registered agent. All REdo Roll signal tie, types or photost native of registered agent	vugue Z .		võeut sibustura vedin		6-	26-0		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o	State				Election Campalgn Financin Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	Staken (2)	0.4.4.2.3.2.4.5		(1.50. v. 84. 8. 3.7.158 X. P.2.13. 3.3	or vir		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PRESIDENT ALFREDO RODRIGUI 1570 WEST 43 PLA HIALEAH, FL 330	ACE/#5	TUTLE NAME SHEET CITY-S	ADUFESS				CR2E034B (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THILE NAME SIREET CITY-S	ADURESS				CRZE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			HILE NAME STREET CITY:S	ADDRESS					
TITLE NAME STREET ADDRESS			TITLE. NAME. STREET	-CUST-SECTION 64-64-64					

CITY-SI-ZIP

12. Thereby certify that the information supplied with this filing does not quality 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 on an attachment with an address, which all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 6/30

Daytime Phone #

6-26-03

Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

Since December 2001 we moved to 1570 West 43 Pl-#5 Miami, Fl 33012 and we did not receive the U.B.R. for the years 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation INTERNET MARKETING SERVICES USA INC.

Thank you for your courtesy in this matter.

ALFREDO RODRIGUEZ

PRESIDENT