


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90260 008 ***150.00

DOCUMENT # P02000002102

1. Entity Name
INTELLIGENT AGENTS INTERNET, CORP.



Principal Place of Business Mailing Address

4381 SW 160 AVENUE **PO BOX 398613**
APT 104 **MIAMI BEACH, FL 33239-8613**
MIRAMAR, FL 33027



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

Apt 104 **4381 SW 160 Avenue**

City & State City & State

Miramar FL **Miramar FL**

Zip Country Zip Country

33027 **FL** **33027** **FL**

04212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

26-0011827 Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMERO, JUAN
6860 HARDING AVE., STE 6
MIAMI BEACH, FL 33141

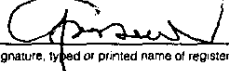
7. Name and Address of New Registered Agent

Name **Chamero, Juan**

Street Address (P.O. Box Number is Not Acceptable)
4381 SW 160 Avenue Apt 104

City **Miramar** FL Zip Code **33027**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMERO, JUAN	
STREET ADDRESS	6860 HARDING AVE., STE 6	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMERO, HILDA	
STREET ADDRESS	6860 HARDING AVE., STE 6	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMERO, DANIEL	
STREET ADDRESS	1818 ELM CREEK	
CITY-ST-ZIP	GARLAND, TX 75040	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMERO, NICOLAS	
STREET ADDRESS	6860 HARDING AVE., STE 6	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chamero, Juan	
STREET ADDRESS	4381 SW 160 Avenue Apt 104	
CITY-ST-ZIP	Miramar FL 33027	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chamero Hilda	
STREET ADDRESS	4381 SW 160 Avenue Apt 104	
CITY-ST-ZIP	Miramar FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chamero Nicolas	
STREET ADDRESS	4381 SW 160 Avenue Apt 104	
CITY-ST-ZIP	Miramar FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR