


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002102
1. Entity Name
INTELLIGENT AGENTS INTERNET, CORP.



| | |
|--|--|
| Principal Place of Business 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 | Mailing Address 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 |
|--|--|

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 26-0011827 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CHAMERO, JUAN
4381 SW 160 AVENUE
APT 104
MIRAMAR, FL 33027**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAMERO, JUAN 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHAMERO, HILDA 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHAMERO, DANIEL 1818 ELM CREEK GARLAND, TX 75040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAMERO, NICOLAS 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/30/05-80125-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Chamero Juan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/05
Daytime Phone # _____