


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 008 ***150.00

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	
2. Principal Place of Business / No P.O. Box <i>12670 Equestrian Circle</i>		3. Mailing Address <i>12670 Equestrian Circle</i>	
Suite, Apt. #, etc. <i>#2205</i>		Suite, Apt. #, etc. <i>#2205</i>	
City & State <i>Fort Myers, FL</i>		City & State <i>Fort Myers, FL</i>	
Zip <i>33907</i>		Zip <i>33907</i>	
Country		Country	
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		7. Name and Address of New Registered Agent Name <i>Chamero, Juan</i> Street Address (P.O. Box Number is Not Acceptable) <i>12670 Equestrian Circle #2205</i> City <i>Fort Myers</i> FL Zip Code <i>33907</i>	
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: <i>Juan Chamero</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$530.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMERO, JUAN 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Chamero, Juan</i> <i>12670 Equestrian Circle #2205</i> <i>Fort Myers FL 33907</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMERO, HILDA 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vicepresident</i> <i>Chamero, Hilda</i> <i>12670 Equestrian Circle #2205</i> <i>Fort Myers FL 33907</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMERO, NICOLAS 4381 SW 160 AVENUE APT 104 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Chamero, Nicolas</i> <i>12670 Equestrian Circle #2205</i> <i>Fort Myers FL 33907</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Juan Chamero</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			