


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000002102		
1. Entity Name INTELLIGENT AGENTS INTERNET, CORP.		
Principal Place of Business 12670 EQUESTRIAN CIRCLE #2205 FORT MYERS, FL 33907	Mailing Address 12670 EQUESTRIAN CIRCLE #2205 FORT MYERS, FL 33907	



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
12670 EQUESTRIAN CIRCLE
#2205
FORT MYERS, FL 33907

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, 2008 Fee will be \$550.00

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

000000928552
05/21/08-80036-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAMERO, JUAN
STREET ADDRESS	12670 EQUESTRIAN CIRCLE #2205
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	V
NAME	CHAMERO, HILDA
STREET ADDRESS	12670 EQUESTRIAN CIRCLE #2205
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	CHAMERO, NICOLAS
STREET ADDRESS	12670 EQUESTRIAN CIRCLE #2205
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Juan Chamero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____