
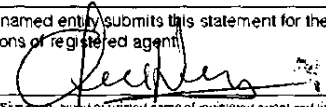
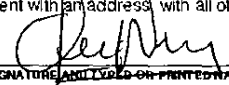


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90175 031 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0200002102</b>			
1. Entity Name <b>INTELLIGENT AGENTS INTERNET, CORP.</b>			
Principal Place of Business 10295 COLLINS AVENUE APT 511 BAL HARBOUR, FL 33154		Mailing Address PO BOX 398613 MIAMI BEACH, FL 33239-8613	
2. Principal Place of Business <b>0860 HARDING AVE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>STE #6</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH</b>		City & State	
Zip <b>33141</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CHAMERO, JUAN 11111 BISCAYNE BLVD BLDG III #955 MIAMI, FL 33181</b>		7. Name and Address of New Registered Agent Name <b>CHAMERO JUAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>0860 HARDING AVE, STE #6</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33141</b>	
B. 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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 11111 BISCAYNE BLVD BLDG III #955 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMERO JUAN. 0860 HARDING AVE, STE #6 MIAMI BEACH, FL 33141. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMERO, HILDA 11111 BISCAYNE BLVD BLDG III #955 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. CHAMERO HILDA. 0860 HARDING AVE, STE #6. MIAMI BEACH, FL 33141. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMERO, DANIEL 1818 ELM CREEK GARLAND, TX 75040 <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	D CHAMERO, NICOLAS 10295 COLLINS AVE., APT. 511 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CHAMERO NICOLAS. 0860 HARDING AVE, STE #6. MIAMI BEACH, FL 33141. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMERO, AGUSTIN 1818 ELM CREEK GARLAND, TX 75040 <input checked="" 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 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: <b>04/11/03</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CRZE034 (10/02)