


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90107 014 ***150.00

DOCUMENT # P02000009825
 1. Entity Name
 IES, INTERNET EBUSINESS SOLUTIONS, INC.



Principal Place of Business: 2500 WESTON RD., #318 WESTON, FL 33331
 Mailing Address: 2566 MAYFAIR LN WESTON, FL 33327

44005615



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0537483
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 MARZBAN, ALANNA
 2566 MAYFAIR LN
 WESTON, FL 33327

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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: *Alanna Marzban* DATE: 1-22-04
Signature, typed or printed name of registered agent and title, 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	P
NAME	MARZBAN, ALANNA
STREET ADDRESS	2484 QUAIL ROOST DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	V
NAME	MARZBAN, SAEID
STREET ADDRESS	2484 QUAIL ROOST DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Alanna Marzban* Alanna Marzban DATE: 1-22-04 9546807759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #