


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90077 001 \*\*\*150.00

<b>DOCUMENT # P02000061815</b> 1. Entity Name <b>INTERNIC BUSINESS CORP</b>																											
Principal Place of Business <b>10008 WEST FLAGLER ST. MIAMI, FL 33174</b>		Mailing Address <b>10008 WEST FLAGLER ST. MIAMI, FL 33174</b>																									
2. Principal Place of Business Suite, Apt. #, etc. <b>10008 W. Flagler St # 117</b>		3. Mailing Address Suite, Apt. #, etc. <b>10008 W. Flagler St # 117</b>																									
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>																									
Zip <b>33174</b>		Zip <b>33174</b>																									
Country 		Country 																									
4. FEI Number <b>33-1007561</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, CARMEN 11221 NW 7 ST #9 MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10008 W. Flagler St # 117</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33174</b>																									
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, CARMEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11221 NW 7 ST #9</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, CARMEN		STREET ADDRESS	11221 NW 7 ST #9		CITY-ST-ZIP	MIAMI, FL 33172		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>10008 W. Flagler St # 117</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33174</b></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	<b>10008 W. Flagler St # 117</b>	CITY-ST-ZIP	<b>MIAMI FL 33174</b>				
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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: <u><i>Carmen Rodriguez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1-18-05</u> Date Daytime Phone #																									

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01182005 Chg-P CR2E034 (10/03)