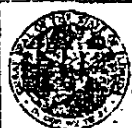
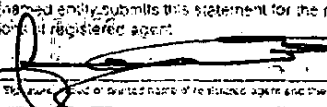
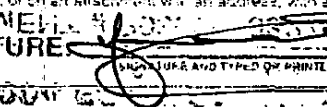


08/16/2004 10:12 3055952898
AUG 16, 2004 10:12AM JAMES ACCOUNTING

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-18-2004 90004 022 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000003278			
1. Entity Name INTERNATIONAL EXECUTIVE RECRUITERS, INC.			
Principal Place of Business 11243 SW 156 PL MIAMI, FL 33196		Mailing Address 11243 SW 156 PL MIAMI, FL 33196	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0761260		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIFUENTES OTTO 11243 SW 156 PL MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 obligation of a registered agent.			
SIGNATURE 		DATE 8/10/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03	
TITLE ☐ Delete NAME CIFUENTES OTTO STREET ADDRESS 11243 SW 156 PL CITY-STATE-ZIP MIAMI, FL 33196		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME CIFUENTES MIRIAM STREET ADDRESS 11243 SW 156 PL CITY-STATE-ZIP MIAMI, FL 33196		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated in this 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 recipient of the information provided to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.			
DOCUMENT # 030000003278		8/10/04	
SIGNATURE 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	