

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000036301

1. Entity Name
INTERNATIONAL AMERICAN ALLIANCE, INC



Principal Place of Business
**2204 MEARS PARKWAY
MARGATE, FL 33063**

Mailing Address
**2204 MEARS PARKWAY
MARGATE, FL 33063**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0778110	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

**ERNESTO JOSE GONELLA
2204 MEARS PARKWAY
MARGATE, FL 33063**

**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, 2007 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	GONELLA, ERNESTO J P
STREET ADDRESS	2204 MEARS PARKWAY
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	V
NAME	BAZZANO, HORACIO A VP
STREET ADDRESS	5611N.WINSTON PARK BLVD#107
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S
NAME	BAZZANO, HORACIO A
STREET ADDRESS	5611 N.WINSTON PARK BLVD # 107
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000721239
05/01/07-80137-013 150.00

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:

[Signature] **HORACIO A. BAZZANO**

04-18-07 954-588-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #