


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000071700 1. Entity Name INTERNATIONAL MANNING SYSTEMS, INC.	
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Principal Place of Business
444 BRICKELL AVENUE
#420
MIAMI, FL 33131 US

Mailing Address
444 BRICKELL AVENUE
#420
MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0444884	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCK, ROBERT W
5730 SW 74TH ST
MIAMI, FL 33143

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000194934
01/26/05-80008-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVERONI, GIUSEPPE 444 BRICKELL AVE STE 420 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ-OSORIO, MARY 444 BRICKELL AVE STE 420 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASSANTE, CARLO 444 BRICKELL AVE SUITE 420 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MELZI, MARCO 444 BRICKELL AVE SUITE 420 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:  **Mary Gomez-Osorio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/05 (305) 539-9530
Date Daytime Phone #