


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000071448 1. Entity Name INTERNET MANAGER, INC.	
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Principal Place of Business 1746 NE 9TH ST FORT LAUDERDALE, FL 33304	Mailing Address PO BOX 4746 FT LAUDERDALE, FL 33338-4746
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NIZANTY, STEPHANIE
2455 E SUNRISE BLVD STE 905
1746 NE 9TH ST
FORT LAUDERDALE, FL 33304

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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS QUIJALVO, ROBERTO 710 CLUB CIRCLE LOUISVILLE, CO 88027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NIZANTY, STEPHANIE 1746 N.E. 9TH STREET FORT LAUDERDALE, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTO QUIJALVO 710 CLUB CIRCLE LOUISVILLE, CO 88027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/04-80048-017 150.00

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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>Stephanie Nizanty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/23/04</u>	Daytime Phone # <u>954-467-9993</u>
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