

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P98000031948 1. Entity Name INTERNATIONAL ATHLETE MANAGEMENT, INC.	
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Principal Place of Business 706 DAVIS RD CORAL GABLES, FL 33143	Mailing Address 706 DAVIS RD CORAL GABLES, FL 33143
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLLANDER, MARK J 1141 N KENDALL DRIVE STE 207 MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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.

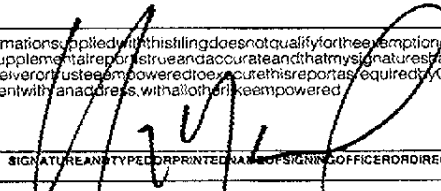
SIGNATURE _____ (NOTE: Registered Agent signature required when changing office or agent)
Signature type or printed name of registered agent and date if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000102257 04/05/04-80007-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATO, EUGENE 1245 SOUTH ALHAMBRA CIRCLE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in 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 officers empowered.

SIGNATURE:  **7/1/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DO NOT WRITE