

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90363 023 ***150.00

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1. Entity Name
INTERNATIONAL RE-MAIL SERVICES, INC.



Principal Place of Business
**909 COPPERFIELD TERR
CASSELBERRY, FL 32707 US**

Mailing Address
**909 COPPERFIELD TERR
CASSELBERRY, FL 32707 US**

14004438



DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3541048

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANRIQUE, ALBERTO
909 COPPERFIELD TERRACE
CASSELBERRY, FL 32707**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MANRIQUE, ALBERTO
STREET ADDRESS	909 COPPERFIELD TERRACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	SVD
NAME	MANRIQUE, ELVIRA
STREET ADDRESS	909 COPPERFIELD TERRACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 407 2225710

Date

Daytime Phone #