2004 FOR PROFIT CORPORATION

Jan 22, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # G90905 01-22-2004 90003 045 ***150.00 COMREAL INTERNATIONAL, INC. Principal Place of Business Mailing Address 8725 N.W. 18TH TERRACE, SUITE #105 8725 N.W. 18TH TERRACE, SUITE #105 MIAMI, FL 33172 MIAMI, FL 33172 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2456485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SMITH, STEPHEN H. **%** COMREAL DO NOT WRITE 8725 NW 18 TERRACE SUITE 200 IN THIS SPACE MIAMI, FL 33172 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. A Property Control of the Control of *, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ie mberda i julijatomi 40 kil Dilguar i di me dijime i Njersija i posa i nasali ili 9. Election Campaign Financing 9. Trust Fund Contribution. \$5.00 May Be Added to Fees. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, STEPHEN H. STREET ADDRESS 8725 NW 18TH TERR, STE 105 CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE -CITY-ST-ZIP ... IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP - " TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 the empowered.

SIGNATURE:

FILED