


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91253 007 ***150.00

DOCUMENT # P01000109106			
1. Entry Name HANDELING INTERNATIONAL CORP.			
Principal Place of Business 349 JEFFERSON AVENUE SUITE 9 MIAMI BEACH, FL 33139		Mailing Address 349 JEFFERSON AVENUE SUITE 9 MIAMI BEACH, FL 33139	
2. Principal Place of Business 1801 S. TREASURE DR.		3. Mailing Address SAME	
State, Apt. #, etc. STE # 207		Suite, Apt. #, etc. SAME	
City & State NORTH-BAY VILLAGE - FL		City & State SAME	
Zip 33141	Country U.S.A	Zip SAME	Country SAME
4. FEI Number 66-1152714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292004 Cng-P CR2ED34 (10/03)	
6. Name and Address of Current Registered Agent ABRAMSON, EDWARD J 7270 N.W. 12TH STREET SUITE 680 MIAMI, FL 33126		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: _____ DATE: _____			
Signature, valid or correct name of registered agent and firm, as applicable			
Name of Registered Agent's printer with whom notations			
DATE			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD DE SIMONE, MATIAS M <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SIMONE, MATIAS M	NAME	
STREET ADDRESS	349 JEFFERSON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SIMONE, MATIAS M	NAME	
STREET ADDRESS	1801 S. TREASURE DR SUITE # 207	STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE - FL - 33141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.			
SIGNATURE: <u>Matias De Simone</u>		04-28-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MATIAS DE SIMONE		DATE	