2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90029 025 ***150.00

DOCUMENT # P02000100701

1. Entity Name
GROW INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
500 BAYVIEW DR APT #1821 SUNNY ISLES, FL 33160	500 BAYVIEW DR APT #1821 SUNNY ISLES, FL 33160

2. Principal Place of Business	3. Mailing Address
18875 SW 232 ST	18875 SW 232 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33170. Country	Zip: 33170. Country

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02052004 Chg-P CR2E034 (10/03)

4. FEI Number: 46-0501852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, BLANCA
500 BAYVIEW DR
APT #1821
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name: Blanca Mendez.
Street Address (P.O. Box Number is Not Acceptable): 18875 SW 232 ST
City: Miami, FL **FL** Zip Code: 33170.

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]
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	President.	☒ Change ☐ Addition
NAME	MENDEZ, BLANCA		Mendez, Blanca.	
STREET ADDRESS	500 BAYVIEW DR, APT # 1821		18875 SW 232 ST	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		Miami, FL. 33170	
TITLE	V	☐ Delete	Vicepresident	☒ Change ☐ Addition
NAME	MENDOZA, MORITZ		Mendoza, Moritz	
STREET ADDRESS	500 BAYVIEW DR, APT # 1821		18875 SW 232 ST	
CITY-ST-ZIP	SUNNY ISLES, FL 33160		Miami, FL. 33170.	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
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STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #