## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # P02000115752					Secretary of State
1. Entity Nam	ė				
INTERNA	TIONAL FINANCIAL MANAG	EIVIEN I, INO.			· · · · · · · · · · · · · · · · · · ·
Principal Place		Mailing Address			
20671 NW 2 BOCA RATON		20671 NW 26 AVE Boca Raton, FL 33434			
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_				04212004 No Chg-	P CR2E034 (10/03)
D	O NOT WRITE	IN THIS SPA	<b>JE</b>	4. FEI Number	Applied For
				76-0720913	Not Applicable
	<u> </u>			5. Certificate of Status Des	ired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·	
SALAZAR, LISETTE ESQ 240 CRANDON BLVD #266 KEY BISCAYNE, FL 33149				DO NOT	WDITE
				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 alignature required when reinstating).  DATE					
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FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.				i.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS			
TYTLE NAME	D SAIDON, CARLOS				
STREET ADDRESS	20671 NW 26 AVE				
CTY-SI-ZIP	BOCA RATON, FL 33434	<u></u>	4	, Liao	000138141
TITLE NAME			İ	1747297	04-80068-018 150.00
STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	<u> </u>	-		
TITLE NAME					
STREET ADDRESS				DO NOT	WRITE
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NAME				IN I HIS	SPACE
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STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 cath; 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

Daytime Phone #