



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90014 050 \*\*\*150.00

DOCUMENT # P03000077489			
1. Entity Name 3004 INTERNATIONAL, INC.			
Principal Place of Business 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134	
2. Principal Place of Business 780 N.W. 42nd Ave. Suite, Apt. #, etc. 523 City & State Miami, FL		3. Mailing Address 780 NW 42nd Ave Suite, Apt. #, etc. 523 City & State Miami, FL	
4. FEI Number 16-1680000		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RAPPOT, STEPHEN 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
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 _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KASABDJI, ELIAS 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kasabdji, Elias 780 NW 42nd Ave Ste 523 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PECORELLI, ANTONIO 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Pecorelli, Antonio 780 NW 42nd Ave Ste 523 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 02/12/04 Daytime Phone #: 786-5527858	