

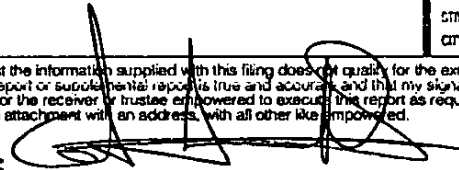


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90084 031 \*\*\*158.75

<b>DOCUMENT # P04000085275</b>			
1. Entity Name <b>DESARROLLOS Y PROYECTOS INTERNATIONAL INC.</b>			
Principal Place of Business <b>9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 US</b>		Mailing Address <b>9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 US</b>	
2. Principal Place of Business <b>2699 COLLINS AVE.</b> Suite, Apt. #, etc. <b>SUITE 110</b> City & State <b>MIAMI BEACH, FL.</b> Zip <b>33140</b> Country		3. Mailing Address <b>2121 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 240</b> City & State <b>CORAL GABLES, FL.</b> Zip <b>33134</b> Country	
01132005		Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-1379814</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JC SCHWARTZMAN &amp; ASSOCIATES INC 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>GABRIEL PRATS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 PONCE DE LEON BLVD. SUITE 240</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>	
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: <b>2-11-05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	P LOSADA, GABRIEL 9600 NW 25TH STREET SUITE 5A MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LOSADA, GABRIEL 2699 COLLINS AVE. SUITE 110 MIAMI BEACH, FL. 33140 <input checked="" 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 reports 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: <b>Jan 15<sup>th</sup> / 2005</b> (786) 942-1255	
<small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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