

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000020516

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** CMS INTERNATIONAL ENTERPRISES, INC.

**Current Principal Place of Business:**

2600 DOUGLAS ROAD  
SUITE #400  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

P.O. BOX 557243  
MIAMI, FL 332557243 US

**New Principal Place of Business:**

550 BILTMORE WAY  
SUITE 200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0394839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAMLUT, CARLOS  
2600 DOUGLAS RD  
SUITE #400  
CORAL GABLES, FL 33134

**Name and Address of New Registered Agent:**

SAMLUT, CARLOS  
550 BILTMORE WAY  
SUITE 200  
CORAL GABLES, FL 33134

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPST ( ) Delete  
Name: SAMLUT, MARILYN  
Address: 2600 DOUGLAS RD, STE #400  
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete  
Name: SAMLUT, CARLOS  
Address: 2600 DOUGLAS RD, STE #400  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPST (X) Change ( ) Addition  
Name: SAMLUT, MARILYN  
Address: 550 BILTMORE WAY, SUITE 200  
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change ( ) Addition  
Name: SAMLUT, CARLOS  
Address: 550 BILTMORE WAY, SUITE 200  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SAMLUT

Electronic Signature of Signing Officer or Director

P

04/21/2004

Date