


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90062 001 ***300.00

DOCUMENT # P93000030113

1. Entity Name
JORDIM INTERNATIONAL INC.



Principal Place of Business
12502 SW 78TH STREET
MIAMI, FL 33183 US

Mailing Address
13046 SW 107 TERR
MIAMI, FL 33186

2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
12502 SW 78 ST
 Suite, Apt. #, etc

City & State
~~MIAMI FL~~

City & State
MIAMI FL

Zip
33183

Country

Zip
33183

Country



01142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

PENARANDA, DILMA
12502 SW 78TH ST
MIAMI, FL 33186

4. FEI Number
~~65-0405699~~

Applied For
 Not Applicable.

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (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**

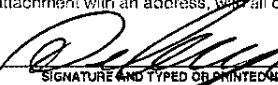
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PENARANDA, JORGE	
STREET ADDRESS	13046 SW 107 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	PENARANDA, DILMA	
STREET ADDRESS	13046 SW 107 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, RONALD A	
STREET ADDRESS	9300 SW 23RD STREET #4	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENARANDA, CARLOS	
STREET ADDRESS	12502 SW 78TH STREET	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **1/16/04** Daytime Phone #: **305 273 784**