

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037175

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PHOENIX ASSOCIATES INTERNATIONAL INC.

## Current Principal Place of Business:

13499 BISCAYNE BLVD.  
#1410  
MIAMI, FL 33181 US

## New Principal Place of Business:

13499 BISCAYNE BLVD  
#1410  
NORTH MIAMI, FL 33181

## Current Mailing Address:

7559 N.W. 70TH STREET  
MIAMI, FL 33166

## New Mailing Address:

13499 BISCAYNE BLVD  
#1410  
NORTH MIAMI, FL 33181

FEI Number: 65-0420706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIORE, FRANK A. N  
13499 BISCAYNE BOULEVARD, STE 1410  
SUITE 100  
NORTH MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

FIORE, FRANK A  
13499 BISCAYNE BOULEVARD,  
STE 1410  
NORTH MIAMI, FL 33181 US

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: FRANK A FIORE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FIORE, FRANK A  
Address: 13499 BISCAYNE BLVD. #1410  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: FIORE, CAESAR F  
Address: 1600 N. OAK ST., APT. 1714  
City-St-Zip: ARLINGTON, VA 22209

Title: D (X) Delete  
Name: BARRIOS, LEONEL M  
Address: 25 METROS AL OESTE, APT. 1  
City-St-Zip: SAN JOSE, COSTA RICA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FIORE, CLAUDIA P  
Address: 13499 BISCAYNE BLVD #1410  
City-St-Zip: NORTH MIAMI, FL 33181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK A FIORE

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date