


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000037175
 1. Entity Name
 PHOENIX ASSOCIATES INTERNATIONAL INC.



| | |
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| Principal Place of Business 13499 BISCAYNE BLVD. #1410 MIAMI, FL 33181 US | Mailing Address 13499 BISCAYNE BLVD #1410 NORTH MIAMI, FL 33181 |
|--|--|



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0420706 | 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
 FIORE, FRANK A
 13499 BISCAYNE BOULEVARD,
 STE 1410
 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | NAME FIORE, FRANK A |
| STREET ADDRESS 13499 BISCAYNE BLVD. #1410 | CITY - ST - ZIP NORTH MIAMI, FL 33181 |
| TITLE S | NAME FIORE, CLAUDIA P |
| STREET ADDRESS 13499 BISCAYNE BLVD #1410 | CITY - ST - ZIP NORTH MIAMI, FL 33181 |
| TITLE NAME | STREET ADDRESS CITY - ST - ZIP |
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05 3039449333
Date Daytime Phone #