


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000064155

1. Entity Name
C.B.I. INTERNATIONAL, INC.



Principal Place of Business 10689 N. KENDALL DRIVE SUITE 300 MIAMI, FL 33176	Mailing Address 13015 SW 89 PL SUITE 225 MIAMI, FL 33176
--	--



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780382	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**GIAMMATTEI, JAIME M
 13015 SW 89TH PL
 SUITE 118
 MIAMI, FL 33176**

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIAMMATTEI, GERMAN 13015 S.W. 89TH PLACE #225 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIAMMATTEI, JAIME M 13015 S.W. 89TH PLACE #225 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIAMMATTEI, MARINA 13015 S.W. 89TH PLACE #225 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERMAN, GIAMMATTEI E 13015 S.W. 89TH PLACE # 225 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000168117
 07/23/04-80011-005 158.75

DO NOT WRITE IN THIS SPACE

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 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 individuals empowered.

SIGNATURE: Jaime M. Giammattei Secretary Date: 7/21/04 Daytime Phone #: 305-270-0033