

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000102238**

1. Entity Name  
**1ST INTERNATIONAL INVESTCORP, INC.**



Principal Place of Business      Mailing Address  
**7941 DORCHESTER RD.**      **7941 DORCHESTER RD.**  
**BOYNTON BEACH FL 33437**      **BOYNTON BEACH FL 33437**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**KAHANE, ALFRED D**  
**7941 DORCHESTER RD.**  
**BOYNTON BEACH FL 33437**

4. FEI Number **65-0796189**      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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | P                    | <input type="checkbox"/> Delete |
| NAME            | KAHNE, A D           |                                 |
| STREET ADDRESS  | 7941 DORCHESTER RD   |                                 |
| CITY - ST - ZIP | BOYNTON BCH FL 33437 |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> Delete |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| 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  | U00000018537              |   |
| CITY - ST - ZIP | 01/28/04-80140-005 150.00 |   |
| 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)(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: Alfred D. Kahane      ALFRED D. KAHANE      1/24/04      561-734-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #