Apr 23, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-23-2004 90275 013 ***159.00 DOCUMENT # P97000074064 CLK INTERNATIONAL, INC. 94062738 Principal Place of Business Mailing Address 10680 NW 37TH TERR. 10680 NW 37TH TERR. MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address MARSACA WAY 2. Principal Place of Business 9973 MARSALA WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number DELLAY BEACH FL DELRAY BEACH FLORIDA 65-0790086 Not Applicable ^{Īīp} 33446 \$8.75 Additional 33446 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALLESTEROS JIMMY BALLESTEROS, JIMMY Street Address (P.O. Box Number is Not Acceptable) 1155 BRICKELL BAY DR, 2004 MIAMI, FL 33131 9973 MARSALA WAY City DELRAY BEACH Zip Code 33446 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 8. The above named the obligations of JIMMY BAllestera name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE Delete TITLE Ballesteros Jimmy BALLESTEROS, JIMMY NAME NAME 9973 MARSALA WAY 2127 BRICKELL AVE., #2504 STREET ADDRESS STREET ADDRESS 33446 MIAMI, FL 33129 CITY - ST - ZIP CITY-ST-ZIP DELEAY BEACH ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE _ [Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 attactment with an address with all their type empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED