2008 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED Mar 24, 2008 08:00 Al **ANNUAL REPORT Secretary of State DOCUMENT # H98127** 1. Entity Name **BSN INTERNATIONAL, INC.** Principal Place of Business Mailing Address 262 ATLANTIC AVE. 262 ATLANTIC AVE. SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 03192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-2710610 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEIGER, ARIE DO NOT WRITE 262 ATLANTIC AVE. SUNNY ISLES, FL 33160 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be V00000868806 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 /09/08-80024-013 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE STEIGER, ARIE NAME STREET ADDRESS 262 ATLANTIC AVE CITY-ST-ZIP MIAMI, FL 33160 SD MLE NAME **BITTAN, ABRAHAM** 262 ATLANTIC AVE. STREET ADDRESS SUNNY ISLES, FL 33160 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direct 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 changed, or on an attachment with an address, with all other like empowered.