

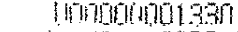
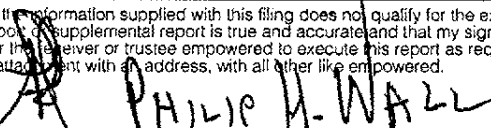


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 569619</b> 1. Entity Name PANDANUS INTERNATIONAL, INC.					
Principal Place of Business 8765 S.W. 83RD STREET MIAMI, FL 33173		Mailing Address 8765 S.W. 83RD STREET MIAMI, FL 33173			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1815553		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WALL, PHILIP H. 8765 S.W. 83RD STREET MIAMI, FL 33173				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				 01/12/04-80003-015 150.00  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD WALL, PHILIP H. 8765 S.W. 83RD STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D WALL, PATRICIA A. 8765 S.W. 83RD STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD WALL, MICHAEL F. 9830 SW 75 STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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)(f), 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 attached sheet with an address, with all other like empowered.					
SIGNATURE: 		Date: JAN 23 04		(305) 596-5338	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					