2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
	MENT # 666653				Seci	cetary of	f State
1. Entity Name	INTERNATIONAL INC.						
		7.004	The state of the s				
Principal Place	e of Business	Mailing Address					
395 ALHAMB	IRA CIR Es, Fl. 33134	395 ALHAMBRA CIR CORAL GABLES, FL 33134					
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		-	01062004	No Chg-P	CR2E034 (10/	/03)	
DO NOT WRITE IN THIS SPACE			JE	4. FEI Number			Applied For
				59-1998	of Status Desired		Not Applicable Additional
	6. Name and Address of Current Re	relatered Agent	143 1412 AV	5. Certificate (DI GLELLUS DESITEU	Fee Re	quired
		gisterou Agent					
FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD., STE. 215 CORAL GABLES, FL 33134			DO NOT WRITE				
				IN T	HIS SP	ACE	
· 					1 44-		** ** ** ** *
	named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	rida. I am familiar	with, and accept
the obligati	ions of registered agent.						tige.
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature required	I when reinstaling)	<u> </u>	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	1				
YITLE NAME	PD DE ONA, JORGE A.						
SYREET ADDRESS	395 ALHAMBRA CIRCLE						** *
CITY-ST-ZIP	ST GABLES, FL		.		0000. 11000.	100002718 14-80023-0	ອາ ຊີ່ຕົດໝັ
NAME	PEDROSO, JESUS				0171370	.4_000C9_0	CI IOU NOU
STREET ADDRESS.	440 SW 23RD AVENUE MIAMI, FL	erani					
TITLE			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NAME STREET ADDRESS				DO	NOT W	to the ter	
CITY-ST-ZIP				,	<u>NOT W</u>		
TITLE NAME				IN 7	THIS SF	PACE	
STREET ADDRESS	 						
CITY-ST-ZIP		<u> </u>	1		* *		
TITLE NAME			1				
STREET ADDRESS CITY-ST-ZIP	,		}	-		was a second	
TALE]	*	, ,		
NAME STREET ADDRESS			}				

12. I hereby certify that the information supplied with this filling 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 pythusiee 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, withyall other like empowered.

SIGNATURE

City-St-Zip

SIGNATURE AND EDED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4 305- 942-1256 Date Devime Phone #