

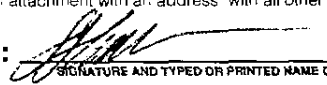


FILED

Apr 12, 2004 08:00
Secretary of State**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 852713 1. Entity Name ERIMAR CORPORATION N.V.			
Principal Place of Business 615 DORSEY RD BEL AIR, MD 21014		Mailing Address HEUVELSTRAAT 14 5131 AP ALPHEN NB NRTHERLANDS,	
DO NOT WRITE IN THIS SPACE		 02182004 No Chg-P CR2E034 (10/03)	
4. FEI Number 98-0054414		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		01000001100192 04/12/04-90074-007 150.00	
TITLE	V	DO NOT WRITE IN THIS SPACE	
NAME	HENNART, SONDRAG.		
STREET ADDRESS	615 DORSEY RD		
CITY- ST- ZIP	BEL AIR, MD 21014		
TITLE	D		
NAME	CURACAO CORP. COMPANY NV		
STREET ADDRESS	DE RUYTERKADE 62	DO NOT WRITE IN THIS SPACE	
CITY- ST- ZIP	CURACAO, NETH. ANT.,		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
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)(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: 		011-31-13-508-1831 1 April 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sondra Grace Hennart		Date Daytime Phone #	