## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT FILED **DOCUMENT # F95000003147** 1. Entity Name 04 APR 29 PH 1:54 CORONA INTERNATIONAL SERVICE CORP. SECRETARY OF STATE TALLAHASSEE, FLORID, Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD. 200 SOUTH BISCAYNE BLVD. **SUITE 4100 SUITE 4100** MIAMI, FL 33131 MIAMI, FL 33131 01272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0567387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE INTIL. REGISTERED AGENTS, INC. DO NOT WRITE 200 SOUTH BISCAYNE BOULEVARD SUITE #4100 IN THIS SPACE MIAMI, FL 33131 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DPS PHOENIX, DIRECTORS LTD. NAME ROAD TOWN TORTOLA STREET ADDRESS CITY-ST-ZIP BRITISH VIRGIN ISLANDS, **000035787700** 05/07/04--01096--009 \*\*150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP 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:

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