


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90260 017 ***150.00

DOCUMENT # F98000003918	
1. Entity Name DB MARKETING INTERNATIONAL, INC.	

Principal Place of Business 18801 COLLINS AVENUE C-302 SUNNY ISLES, FL 33160	Mailing Address 18801 COLLINS AVENUE C-302 SUNNY ISLES, FL 33160
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2. Principal Place of Business 1314 E. LAS OLAS Blvd.	3. Mailing Address 1314 E. LAS OLAS Blvd.
Suite, Apt. #, etc. # 185	Suite, Apt. #, etc. # 185

City & State FORT LAUDERDALE, FLORIDA	City & State FORT LAUDERDALE, FLORIDA
Zip 33301	Zip 33301
Country USA	Country USA



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0811667	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ, ANNORMARIA 18801 COLLINS AVENUE, C-302 SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name MORSZECK, STEFFEN Street Address (P.O. Box Number is Not Acceptable) 1 LAS OLAS CIRCLE #411 City FORT LAUDERDALE FL Zip Code 33316	
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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 SAD B. [Signature]	DATE 04-06-2004

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALDIN, DETLEV		NAME	
STREET ADDRESS 18801 COLLINS AVE C 302		STREET ADDRESS	
CITY-ST-ZIP SUNNY ISLES, FL 33160		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 for all other like empowered.	
SIGNATURE: [Signature]	DATE 04-06-2004 DAYTIME PHONE # 954-527-8777