



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000084 1. Entity Name WARREN INTERNATIONAL, INC.		
Principal Place of Business 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH, FL 33480	Mailing Address 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">  04072004 No Chg-P CR2E034 (10/03) </div>		
4. FEI Number 13-2946010		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 TALERICO, GENE 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH, FL 33480		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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Gene Talerico</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u>GENE TALERICO</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <u>4/14/04</u> <small>DATE</small> </div> </div>		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST WARREN, ROBERT M 303 E. 51ST ST NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TALERICO, EUGENE F 219ROYAL POINCIANA WAY,SUITE 10 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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)(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.		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <u><i>Eugene F. Talerico</i></u> CFO, EUGENE F. TALERICO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> <u>4/14/04</u> <u>212-752-7084</u> <small>Date Daytime Phone #</small> </div> </div>		