


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H31833
 1. Entity Name
SCION INTERNATIONAL, INC.



Principal Place of Business 12415 SW 136 AVE UNIT #2 MIAMI, FL 33-1869 US	Mailing Address 12415 SW 136 AVE UNIT #2 MIAMI, FL 33-1869 US
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2489588	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
LEVINSON, MICHAEL P
 12415 SW 136 AVE
 2
 MIAMI, FL 33186

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

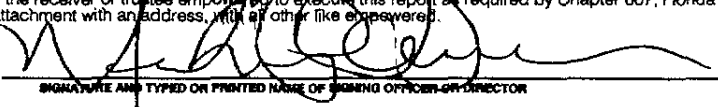
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000098355
 03/29/04-80037-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAKOFF, STEPHEN 12415 SW 136 AVE, UNIT #2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LEVINSON, MELVIN E MD 12415 SW 136 AVE, UNIT #2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, MICHAEL P 12415 SW 136 AVE, UNIT #2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changes.

SIGNATURE:  **3/29/04** **305-233-1525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #