2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

DOUCOMENT # H85037 1. Entity Name BRAZOS INTERNATIONAL, INC. Principal Plazo of Business 9425 SW 72ND STREET SUITE 142 MIAMI, FL 33173 DO NOT WRITE IN THIS SPACE 6. Hame and Address of Current Registered Agent 6. Hame and Address of Current Registered Agent 8. Certificate of Status Desired	ANNUAL REPORT				Secretary of State			
BRAZOS INTERNATIONAL, INC. Principal Place of Business 9425 SW 72ND STREET SUITE 142 MAMI, FL 33173 DO NOT WRITE IN THIS SPACE O1122004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2613694 Applied For 59-2613694 Not Applied For 59-2613694 Rot Applied For 59-2613694 Rot Applied For Sp-2613694 Ro	§				Secret	ary or k	race	
Principal Place of Business 9425 SW 72ND STREET SUITE 142 MIAMI, FL 33173 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2613694 S. Certificate of Status Desired 8. Name and Address of Current Registered Agent SPRAYBERRY, BILLY A. 9700 S.W. 103RD AVE. RD. MIAMI, FL 33176 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. 1 am familiar with, and acceptive collegations of registered agent. SPGNATURE SQUELLY A. 9700 S.W. 103RD AVE. RD. MIAMI, FL 33176 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. 1 am familiar with, and acceptive collegations of registered agent. SPGNATURE SQUELLY A. 9700 S.W. 103RD AVE. RD. MIAMI, FL 10. OFFICERS AND DIRECTORS DP SPRAYBERRY, BILLY A, PHD SPRAYBERRY, BILLY A, P								
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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)(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:

HILE NAME SIREE LADDRESS CHY-SI-ZP

NATURE AND TYPED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

1-15-04(30)

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