


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H85037 1. Entity Name BRAZOS INTERNATIONAL, INC.	
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Principal Place of Business 9425 SW 72ND STREET SUITE 142 MIAMI, FL 33173	Mailing Address 9425 SW 72ND STREET SUITE 142 MIAMI, FL 33173
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2613694	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

**SPRAYBERRY, BILLY A.
9700 S.W. 103RD AVE. RD.
MIAMI, FL 33176**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPRAYBERRY, BILLY A, PHD 9700 S.W. 103RD AVE. RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARCIA, JOSEFINA S 14960 S.W. 49TH LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRAYBERRY, PATSY J 9700 S.W. 103RD AVE. RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000007108
01/20/04-80009-007 150.00

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 empowered.

SIGNATURE: Josephine Garcia VP 1-15-04 (305) 271-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #