


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90035 037 ***150.00

DOCUMENT # J49717	
1. Entity Name FLAMINGO INTERNATIONAL, INC.	

Principal Place of Business 7350 NW 12 ST SUITE 100 MIAMI FL 33126 US	Mailing Address 7350 N.W. 12TH STREET, SUITE 200 PO BOX 52-0024 MIAMI FL 33152
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2. Principal Place of Business	3. Mailing Address P.O. Box 52-0024
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State MIAMI, FL
Zip	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 59-2754440	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 ESTEVEZ, HUMBERTO 2940 S.W. 130TH AVE. MIAMI FL 33175

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7350 NW 12 ST City MIAMI FL Zip Code 33126

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 \$550.00 Make Check Payable to Florida Department of State	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 PD	NAME ESTEVEZ, HUMBERTO	TITLE	NAME
STREET ADDRESS 7350 NW 12 ST	CITY-ST-ZIP MIAMI FL 33126	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME ESTEVEZ, NICETAS H.	TITLE	NAME
STREET ADDRESS 7350 NW 12 ST	CITY-ST-ZIP MIAMI FL 33126	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: NICETAS H. ESTEVEZ 2-3-04 305-591-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #