2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32286

Entity Name: TIME INTERNATIONAL S.A., INC.

FILED Mar 14, 2005 Secretary of State

| Current Principal Place of Busi | ness: New | Principal Place of Bus | siness: |
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2315 NW 107TH AVE 1469 NW 161 AVENUE

M 49/50

PEMBROKE PINES, FL 33026 US MIAMI, FL 33172

New Mailing Address: Current Mailing Address:

C/O ANGELA ACOSTA 2315 NW 107TH AVE M 49/50 1469 NW 161 AVENUE

PEMBROKE PINES, FL 33026 MIAMI, FL 33172 US

FEI Number: 65-0070033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ADDICOTT MICHAEL ANGELA, ACOSTA 1469 NW 161 AVENUE 450 NORTH PARK RD

PEMBROKE PINES, FL 33026 STE 805 US HOLLYWOOD, FL 33021 US

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.

SIGNATURE: ANGELA ACOSTA 03/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SASSOON, SONNY, SASSOON, SONNY, Name: Name: 2315 NW 107 AVE 749/50 BOX 91 1019 KANE CONCOURSE STE 202 Address: Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: Title: (X) Change () Addition () Delete SASSOON, VICTOR, SASSOON, VICTOR, Name:

Name: 2315 NW 107 AVE H49/50 BOX 91 1019 KANE CONCOURSE STE 202 Address: Address:

MIAMI, FL 33172 BAY HARBOR ISLANDS, FL 33154 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition ACOSTA, ANGELA Name: ACOSTA, ANGELA Name:

2315 NW 107 AVE M49/50 BOX 91 Address: 1469 NW 161 AVENUE Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA ACOSTA 03/14/2005 D