


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90040 050 ***150.00

DOCUMENT # K51790	
1. Entity Name NEXTEL, INTERNATIONAL INC.	

Principal Place of Business C/O ANTONIO DWENAS 2510 S. W. 27 AVENUE MIAMI, FL 33133	Mailing Address C/O ANTONIO DWENAS 2510 S. W. 27 AVENUE MIAMI, FL 33133
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2. Principal Place of Business 2510 S.W. 27 AVENUE Suite, Apt. #, etc.	3. Mailing Address 2510 S.W. 27 AVENUE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33133	Zip 33133
Country	Country

02052004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0090288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DWENAS, ANTONIO 2510 S. W. 27 AVENUE MIAMI, FL 33133	7. Name and Address of New Registered Agent Name: DUENAS, ANTONIO Street Address (P.O. Box Number is Not Acceptable): 2510 S.W. 27 AVENUE City: MIAMI FL Zip Code: 33133
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	DP DUENAS, ANTONIO 2510 S. W. 27 AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X **ANTONIO DUENAS, PRES.** *[Signature]* **3/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #