ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90356 034 ***150.00

DOCUMENT # L36602

1. Entity Name
BABYLON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
180 ISLAND DRIVE KEY BISCAYNE, FL 33149	180 ISLAND DRIVE KEY BISCAYNE, FL 33149-2410 US

DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0212744
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ-CELEIRO, FRANCISCO
180 ISLAND DRIVE
KEY BISCAYNE MIAMI, FL 33149

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEZ-CELEIRO, F.
STREET ADDRESS	180 ISLAND DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 331492410
TITLE	D
NAME	MIYASHIKI, EVA
STREET ADDRESS	180 ISLAND DR
CITY-ST-ZIP	KEY BISCAYNE, FL 331492410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 FRANCISCO MARTINEZ CELEIRO 04/18/2005 (305) 576-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #