2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M27390

MITCHELL INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 820515 SOUTH FLORIDA, FL 33082 Mailing Address

P.O. BOX 820515 SOUTH FLORIDA, FL 33082 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 OCT - 1 PM 3: 07



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09302004 No Chg-P CR2E034 (10/03)

59-2639334 5. Certificate of Status Desired

Applied For Not Applicable

4. FEI Number

\$8.75 Additional

6. Name and Address of Current Registered Agent

TJIN A DJIE, MITCHELL BRYON 16427 ERIE PLACE **DAVIE, FL 33331**

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered age	ent, or both-in the State of Florida. Lam fag	niliar with, and accept
	The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent.		
		10/04/0401021005	**150.00
CI	CNATURE		*** 2 OO 1 C.O

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

\$5.00 May Be

In accordance with s. 607.193(2)(b), F.S., the

corporation did not receive the prior notice.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

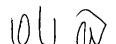
OFFICERS AND DIRECTORS 10. TITLE TJIN A DJIE, MITCHELL B. NAME 16427 ERIE PLACE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** TD TITLE TJIN A DJIE, STEVEN NAME 16427 ERIE PLACE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** TITLE TJIN A DJIE, VINCENT NAME STREET ADDRESS 16427 ERIE PLACE **DAVIE, FL 33331** City-St-Zip TITLE NAME TJIN A DJIE, MILTON STREET ADDRESS 16427 ERIE PLACE **DAVIE, FL 33331** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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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.

CITY-ST-ZIP

MITCHELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DEAR SIR / MADAM, I' 1 HEREBY KINDLY REQUEST A WAIVER OF THE LATE DUE TO THE FACT THAT 1 DID ATTEMPT TO FILE BUT THAT FOR SOME REASON THE PAYMENT WAS NOT PROCESSED. HOWEVER, 1 DID CALL TO THE DIVISION OF CORPORATIONS AND 1 WAS ADVISED TO REQUEST THIS WAIVER IN WRITING. FURTHERMORE, NEXT TIME 1 WILL MAKE SURE THAT 1 RECEIVE THE INFORMATION. SINCERELY YOURS,