
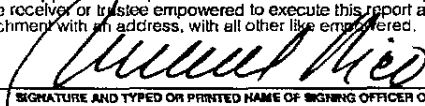


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M32487		
1. Entity Name INTERNATIONAL INVESTORS NETWORK, INC.		
Principal Place of Business 3505 SO OCEAN DRIVE 1ST FLR HOLLYWOOD, FL 33019		Mailing Address 3505 SO OCEAN DRIVE 1ST FLR HOLLYWOOD, FL 33019
DO NOT WRITE IN THIS SPACE		
		04272004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2685545		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RICO, ISABEL 16485 COLLINS AVENUE APT. 434 MIAMI BEACH, FL 33160		DO NOT WRITE IN THIS SPACE
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RICO, ISABEL 16485 COLLINS AVE., APT. 434 MIAMI BEACH, FL 33160	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		U00000153596 05/04/04-80133-015 158.75 DO NOT WRITE IN THIS SPACE  Daytime Phone # _____