2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54785

City-St-Zip:

NEW ORLEANS, LA

FILED Apr 19, 2005 Secretary of State

Entity Nar	me: IGHNTEF	RNATIONAL, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
126 E. 9TH HIALEAH,					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
126 E. 9TH HIALEAH,					
FEI Number:	: 59-2845283	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LAMONT & NEIMAN, PA ONE BISCAYNE TOWER, STE 3550 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 US			ONE BISCAYNE TOW	LAMONT NEIMAN INTERIAN & BELLET, PA ONE BISCAYNE TOWER, STE 3550 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 US	
	named entity : e of Florida.	submits this statement for the pu	rpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: ROBERT S. LAMONT, ESQ.				04/19/2005	
	Electror	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () THOMAS, JOSI 126 E. 9TH CO HIALEAH, FL 3	URT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () THOMAS, DIAN 126 E. 9TH CO HIALEAH, FL 3	URT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SOLOMON, CA) Delete ROL S.ST., (APT, 316)	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JOSEPH M. THOMAS PD 04/19/2005