


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M92420</b> 1. Entity Name <b>NARBI INTERNATIONAL INVESTMENTS INC.</b>	
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Principal Place of Business <b>237 PEPPERTREE DRIVE ORLANDO, FL 32825</b>	Mailing Address <b>237 PEPPERTREE DRIVE ORLANDO, FL 32825</b>
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01252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2900164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PADILLA, MARIA M. 237 PEPPERTREE DR ORLANDO, FL 32825</b>
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADILLA, NARCISO S. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADILLA, MARIA M. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBA, JUANITO P. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADILLA, ALBERTO M. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000098824  
03/29/04-80056-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*NARCISO PADILLA Pres. Narciso Padilla* Mar. 25/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #