

2004

# CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM  
Secretary of State

DOCUMENT #N07000000604

1. Entity Name

OPEN HEARTS INTERNATIONAL, INC.



Principal Place of Business

C/O FUNDAD, APARTADO 2213 MANAGUA 5  
NICARAGUA CENTRAL AMERICA

Mailing Address

C/O FUNDAD, APARTADO 2213 MANAGUA 5  
NICARAGUA CENTRAL AMERICA

MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1581904

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, THOMAS A ESQ  
8511 BULL HEADLEY RD., STE 301  
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BUZBEE, MICHAEL  
STREET ADDRESS C/O FUNDAD, APARTADO 2213 MANAGUA 5  
CITY-ST-ZIP NICARAGUA CENTRAL AMERICA

TITLE ☐ Change ☐ Addition  
NAME U00000080913  
STREET ADDRESS 03/08/04-80128-011 150.00  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME TILLOTSON, CARL M  
STREET ADDRESS 905 SHEATS RD  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME KLEIN, THOMAS A ESQ  
STREET ADDRESS 409 EL DESTINADO DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BUZBEE, SUSAN  
STREET ADDRESS C/O FUNDAD, APARTADO 2213 MANAGUA 5  
CITY-ST-ZIP NICARAGUA CENTRAL AMERICA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME YOUNG, W.A.  
STREET ADDRESS 1321 MILLSTREAM RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *M. Buzbee* Michael Buzbee

3/03/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #