


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90216 039 ****70.00

DOCUMENT # N94000006031

1. Entity Name
CIA INTERNATIONAL, INC.



Principal Place of Business Mailing Address

8527 PINES BLVD **8527 PINES BOULEVARD, SUITE 212**
SUITE 212 **PEMBROKE PINES FL 33024**
PEMBROKE PINES FL 33024 **US**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0540343** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, ANDRES I
3830 CRESTWOOD CIRCLE
WESTON FL 33331

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	RUIZ, ANDRES I	
STREET ADDRESS	3830 CRESTWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALEDON, BLANCA D	
STREET ADDRESS	3440 SW 144 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VINCENT, VALEDON	
STREET ADDRESS	3440 SW 144 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, ALICIA	
STREET ADDRESS	3830 CRESTWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, EDUARDO	
STREET ADDRESS	9201 SW 105TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 617, 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 REQUIRED** 2/9/03 954 392 5830

CR2E037 (10/02)