


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000921</b> 1. Entity Name MAYA PLISETSKAYA AND RODION SHCHEDRIN INTERNATIONAL FOUNDATION, INC.	
---	---

Principal Place of Business 500 CANAL STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 500 CANAL STREET NEW SMYRNA BEACH, FL 32168
---	---

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3498066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
BREWER, MICHAEL L  
500 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLISETSKAYA, MAYA THERESIEN STR. 23 MUNICH GERMANY, 80333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHCHEDRIN, RODION THERESIEN STR. 23 MUNICH GERMANY, 80333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BREWER, MICHAEL L 500 CANAL STREET NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TCHELISTCHEFF, VICTOR 384 DESOTO DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETSCHER, SUZANNE 400 N. CHURCH ST, APT 214 CHARLOTTEE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELS, ELGER HO FLAAN 215 LEIDEN, NETHERLANDS, nl232- sr

1000000027837  
02/04/04-80001-015 61.25

**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 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:**  **Michael L. Brewer, Secretary** 1/29/04 386-423-5504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #