## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N98000003655**

1. Entity Name



## **FILED** Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90321 033 \*\*\*\*70.00

EL SHAD	DAI MIN	ISTRIES INTERNA	TIONAL,	INC.													
Principal Place 11303 N.W. MIAMI, FL 33	13TH AVEN	UE	Mailing Address 13651 SOUTH BISCAYNE RIVER DRIVE MIAMI, FL 33161					1	1461B1 214 1		<b>A</b> riii <b>Ja</b> iii i				<b>3</b> 1181 <b>3</b> 11	E1 41 (40)	
2. Principal Pl	lace of Busin	ness	3. Mailing	Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.					0414	2005	Chg-l	NP	c	CR2EO	37 (10	/03)		
City & State			City & State						Number I-1633			-			<del>-</del>	plied For t Applicabl	le
Zip	•	Country	Zip		Cour	ntry		<b>5.</b> Cer	rtificate o	of Status	s Desired	ı			5 Add equired		
	6. Name	and Address of Current	Registered A	Agent				7. Nar	me and	Addres	s of New	/ Regi	stered	Agent			
					·	∴Name —				<del>-</del>							_
ST GERM/ 13651 S B MIAMI, FL	ISCAYNE	RON RIVER DRIVE			}	Street A	ddress (I	P.O. Box	Number	r is Not	Accepta	ble)					
						City							FL	Zi	p Code	9	
		ty submits this statement fo tered agent.	or the purpose	e of changing its r	egistere	ed office or	register	red agen	t, or both	h, in the	State of	Florid	a. Iam	familia	r with,	and accep	t
SIGNATURE .										-							
	Signature, types	d or printed name of registered agent	and title if applica	ble. (NOTE:	Registered	Agent signatu	nte recontect	1 when reinst	tating)			•	DATE				
	Filing Fe	d or printed name of registered agent ee is \$61.25 Way 1, 2005	and title if applica	9. Election Carn Trust Fund Co	paign Fi	nancing	ure required		May Be	e	FI		e chec				•
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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

**SIGNATURE:** 

TEAN DON'Y ST. GERMAIN.

305-891-8966