

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001756

FILED
Apr 28, 2004
Secretary of State

Entity Name: ADVANCED INTERNATIONAL, INC.

Current Principal Place of Business:

6425 NW 50TH STREET
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6425 NW 50TH STREET
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-0995157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CLEVELAND
6425 NW 50TH STREET
TAMARAC, FL 33319

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLEVELAND, JOHNSON
Address: 6425 NW 50TH STREET
City-St-Zip: TAMARAC, FL 33319

Title: VP () Delete
Name: JOHNSON, MARJORIE
Address: 6425 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

Title: S () Delete
Name: JOHNSON, NADINE
Address: 6425 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: JOHNSON, ALETHEA
Address: 6425 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: JOHNSON, SANDRA
Address: 6425 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: JOHNSON, CAECIAN
Address: 6425 NW 50TH ST
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE JOHNSON

VP

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date