


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000026282  
 1. Entity Name  
 CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.



Principal Place of Business 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131
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01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0989930	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PARENTI, BETSY  
 200 SOUTH BISCAYNE BLVD., SUITE 4100  
 MIAMI, FL 33131

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

100000128873  
 04/26/04-80055-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDES-FAULI, RAUL J ESQ 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SERAALLES, JUAN E 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FERNANDEZ-QUINCOCES, GUILLERMO 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARENTI, BETSY 200 S. BISCAYNE BLVD. STE 4100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: *[Signature]* 4/22/04 305 577 4751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #