

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


04 MAY 27 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000026282 1. Entity Name CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.	
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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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03072003	Chg-P	CR2E034 (10/03)	<i>MRS</i>
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4. FEI Number 65-0989930	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Betsy Parenti* 5/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDES-FAULI, RAUL J ESQ <input type="checkbox"/> Delete 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Eagan 200 South Biscayne Blvd. #4300 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete Serralles, Juan 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300037731393 06/08/04--01005--007 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete FERNANDEZ-QUINCOES, GUILLERMO 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PARENTI, BETSY 200 S. BISCAYNE BLVD. STE 4100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Betsy Parenti VP* 5/25/04 (305) 577-4925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #