


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90024 006 \*\*\*150.00

<b>DOCUMENT # P00000051471</b>	
1. Entity Name <b>EAGLE INTERNATIONAL PRODUCTS INC.</b>	

Principal Place of Business <del>1161 BANYAN ROAD</del> <del>BOCA RATON, FL 33432</del> 81 N. Deerfield Ave. Deerfield Beach, FL 33441	Mailing Address <del>1161 BANYAN ROAD</del> <del>BOCA RATON, FL 33432</del> 81 N. Deerfield Ave Deerfield Beach, FL 33441
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1013297</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NERISSIAN, ROBERT <del>1161 BANYAN ROAD</del> <del>BOCA RATON, FL 33432</del> % Villa Valencia 50 SE 12th Str. Boca Raton FL 33432 APT #149	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D NERISSIAN, ROBERT <del>1161 BANYAN ROAD</del> <del>BOCA RATON, FL 33432</del> % Villa Valencia 50 S.E 12th Str. Boca Raton, FL 33432 APT #149 <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	S NERISSIAN, ALICE 1161 BANYAN ROAD BOCA RATON, FL 33432 <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
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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)(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:**  **3/17/04** **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #