


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90025 010 ***150.00

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| DOCUMENT # P00000059840 |  |
| 1. Entity Name MODERATTO INTERNATIONAL, INC. | |

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| Principal Place of Business 18184 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 | Mailing Address 18184 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 |
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54020288



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|---|---|
| 2. Principal Place of Business 3701 N. COUNTRY CLUB DRIVE | 3. Mailing Address 3701 N. COUNTRY CLUB DRIVE |
| Suite, Apt. #, etc. APT 402 | Suite, Apt. #, etc. APT 402 |

03162004 Chg-P CR2E034 (10/03)

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|------------------------------------|------------------------------------|
| City & State AVENTURA FL | City & State AVENTURA FL |
| Zip 33180 | Country |
| Country | Zip 33180 |
| Country | Country |

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|------------------------------------|--|
| 4. FEI Number 65-1038906 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHONBERG, DIANA 18181 NE 31 COURT AVENTURA, FL 33160 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 3701 N. COUNTRY CLUB DRIVE |
| | APT 402 |
| City | AVENTURA FL |
| Zip Code | 33180 |

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: *Diana Schonberg* **DIANA SCHONBERG** 3/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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 | PD SCHONBERG, DIANA 18184 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3701 N. COUNTRY CLUB DRIVE AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHONBERG, LAURA 18184 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S.T.D ALBERTO HABER 3701 N. COUNTRY CLUB DRIVE AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHONBERG, Yael 18184 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input checked="" 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 |
| 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)(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: *Diana Schonberg* **DIANA SCHONBERG** 3/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #