2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P00000098728

Entity Name: CARVAJAL INTERNATIONAL, INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD
SUITE #901
CORAL GABLES, FL 33134

New Principal Place of Business:

901 PONCE DE LEON BLVD
SUITE #601
CORAL GABLES, FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD
SUITE #901
CORAL GABLES, FL 33134

New Mailing Address:

901 PONCE DE LEON BLVD
SUITE #601
CORAL GABLES, FL 33134

FEI Number: 65-1049683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUBIO, MARIA ELENA
901 PONCE DE LEON BLVE
SUITE #901
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

ASHE, DAVID
901 PONCE DE LEON BLVE
SUITE #601
CORAL GABLES, FL 33134

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: DAVID ASHE 03/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALVAREZ, LUIS CAMILO
Address: 901 PONCE DE LEON BLVD STE., #901
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: CARVAJAL, JORGE HERNANDO
Address: 901 PONCE DE LEON BLVD STE., #901
City-St-Zip: CORAL GABLES, FL 33134

Title: AS ( ) Delete
Name: RUBIO, MARIA ELENA
Address: 901 PONCE DE LEON BLVD STE., #901
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change ( ) Addition
Name: ASHE, DAVID
Address: 901 PONCE DE LEON BLVD STE., #601
City-St-Zip: CORAL GABLES, FL 33134

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: DAVID ASHE AS 03/16/2004
Electronic Signature of Signing Officer or Director Date