

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90027 023 ***150.00



DOCUMENT # P00557
 1. Entity Name
LOWTIDE CORPORATION N.V.

Principal Place of Business Mailing Address
7 ABRAHAM DE VEERSTRAAT **7 ABRAHAM DE VEERSTRAAT**
P.O. BOX 840 **P.O. BOX 840**
CURACAO, NETHERLAND ANTILLES, **CURACAO, NETHERLAND ANTILLES,**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



02262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1710036 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. Name
1500 SAN REMO AVE., STE. 125 Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33146 City **FL** Zip Code

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	MD	<input type="checkbox"/> Delete		TITLE	MD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIRST INDEPENDENT TRUST			NAME	FIRST INDEPENDENT TRUST (CURACAO) N.V.		
STREET ADDRESS	P.O. BOX 840 N/A			STREET ADDRESS	P.O. BOX 840		
CITY-ST-ZIP	NETHERLAND ANTILLES,			CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ **February 26, 2004** Tel: (599-9)461-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FIRST INDEPENDENT TRUST (CURACAO) N.V.
 As: Managing Director