2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 25, 2005 8:00 am **Secretary of State** DOCUMENT # P01000000540 1. Entity Name 03-25-2005 90038 004 ***150.00 LTM INTERNATIONAL, INC. Principal Place of Business Mailing Address 1359 SHOTGUN ROAD PO BOX 267035 SUNRISE FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Box 267035 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1064241 weston Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWARTZ, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 8181 WEST BROWARD BLVD STE 204 PLANTATION FL 33324 Zip Code City FI 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 TITLE PDT ☐ Delete TITLE 1359 Shot GUN Road [Addition FIXEL, SUSAN MAME NAME 1906 TIMBERLANE RD. STREET ADDRESS STREET ADDRESS SUNFISOFL. 33326 CITY-S1-ZIP WESTON FL 33327 CITY-ST-ZIP 1359 Shot-GUNZead Behange VS Delete 1111.6 ☐ Addition DHE FIXEL, LEE NAME NAME 1906 TIMBERLANE RD. STREET ADDRESS STREET ADDRESS SUNTIFE P1 33336 CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Change Addition TITLE Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-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 the 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.

FILED