


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000001439  
 1. Entity Name  
 INTERNATIONAL INVESTMENT CORPORATION



Principal Place of Business 360 SEVILLA AVENUE MIAMI, FL 33134	Mailing Address 360 SEVILLA AVENUE MIAMI, FL 33134
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01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1064838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J  
 7270 N.W. 12TH STREET  
 SUITE 580  
 MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

U00000220627  
 02/08/05-80076-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, ALMA P 360 SEVILLA AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIFSUD, THOMAS P 360 SEVILLA AVENUE MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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:  **Alma P. Rivera** 01/31/05 3054461395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #