

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecker AUG 11 2005



07062005 Chg-P CR2E034 (10/03)

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
2. Principal Place of Business 6666 SW 115 CT Suite, Apt. #, etc. # 308	3. Mailing Address 6666 SW 115 CT Suite, Apt. #, etc. # 308	
City & State: Miami FL	City & State Miami FL	
Zip 33173	Country USA	4. FEI Number 65-1064838
Zip 33173	Country USA	Applied For <input type="checkbox"/> 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
7. Name and Address of New Registered Agent Name: <u>Alma P. Rivera</u> Street Address (P.O. Box Number is Not Acceptable): <u>6666 SW 115 CT # 308</u> City: <u>Miami</u> FL Zip Code: <u>33173</u>		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: <u>[Signature]</u> <u>Alma P. Rivera</u> DATE: <u>7/15/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Amended AR is \$61.25
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: RIVERA, ALMA P STREET ADDRESS: 360 SEVILLA AVENUE CITY-ST-ZIP: MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 000058539080 09/12/05--01067--007 **\$1.25	
TITLE: VD NAME: MIFSUD, THOMAS P STREET ADDRESS: 360 SEVILLA AVENUE CITY-ST-ZIP: MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> <u>Alma P. Rivera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/15/05</u> Day-He Phone #: <u>(786) 223 2061</u>