FILED May 07, 2007 08:00 A Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

1. Entity Nam	MENT # P010000225 ERNATIONAL, INC.	592				
Principal Place 2353 SA21 MAM, FL 3	SITIETHAGE .	Mailing Address 2353 SN21 STTEFFACE MAM, FL 33145		·		
۵	OO NOT WRITE	05022007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-1079998 Not Applicate 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re LO, EUGENIA 21 ST TERRACE 33145	DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and LE NOW!!! FEE IS \$150.00 ue by September 14, 2007		od Agent signature required		U00000 05/25/07-i	761997
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PSDT MAURIELLO, EUGENIA 2353 SW 21 TERRACE MIAMI, FL 33145	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W	
NAME STREET ADDRESS CITY-ST-ZIP			_	IIN	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
 I nereby of indicated of the corchanged, 	certify that the information supplied with the on this report or supplemental report is a poration or the receiver or trustee impower, or on an attachment with an attachment with an attachment with a supplement.	is filing does not qualify for the ex ce and accurate and that my signa ered to execute this report as requi h'all other like empowered.	emptions contained ture shall have the fred by Chapter 60	d in Chapter 119 same legal effec 7. Florida Statute	Florida Statutes. I find as if made under or es; and that my name	urther certify that the information ath: that I am an officer or director appears in Block 10 or Block 11 if

Date