


**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90047 039 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

24017362

<b>DOCUMENT # P01000029128</b> 1. Entity Name <b>SISTO INTERNATIONAL BROKERS, INC.</b>			
Principal Place of Business <b>4451 NW 36TH ST.          SUITE 111A          MIAMI SPRINGS, FL 33166</b>		Mailing Address <b>4451 NW 36TH ST.          SUITE 111A          MIAMI SPRINGS, FL 33166</b>	
2. Principal Place of Business <b>665 Miller Dr.          Suite, Apt. #, etc.          Miami Springs, FL</b>		3. Mailing Address <b>665 Miller Dr.          Suite, Apt. #, etc.          Miami Springs, FL</b>	
City & State <b>33166 US</b>		City & State <b>33166 US</b>	
4. FEI Number <b>27-0000095</b>		Applied For. <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>SISTO, TRACY          4451 NW 36TH ST.          SUITE 111A          MIAMI SPRINGS, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>Sisto International Brokers, Inc</b> Street Address (P.O. Box Number is not acceptable) <b>665 Miller Drive</b> <b>Miami Springs FL</b> City <b>FL</b> Zip Code <b>33166</b>	
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 <b>Tracy Sisto</b> DATE <b>03/03/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>SISTO, TRACY</b> STREET ADDRESS <b>4451 NW 36TH ST. SUITE 111A</b> CITY-ST-ZIP <b>MIAMI SPRINGS, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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 an other like empowered.			
SIGNATURE: <b>Tracy Sisto</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>03/03/04</b> Daytime Phone # <b>305-888-9108</b>	