

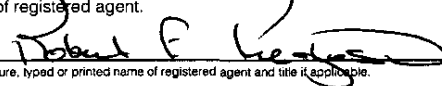



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90037 039 ***150.00

DOCUMENT # P01000041302 1. Entity Name OLYMPIA INTERNATIONAL, INC.					
Principal Place of Business C/O ROBERT F PREZIOSO 424 HENDRICKS ISLE #7 FT LAUDERDALE, FL 33301			Mailing Address C/O ROBERT F PREZIOSO 424 HENDRICKS ISLE #7 FT LAUDERDALE, FL 33301		
2. Principal Place of Business 2757 NE 15th Street Suite, Apt. #, etc.		3. Mailing Address 2757 NE 15th Street Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-1109447	
Zip 33304		Zip 33304		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name PREZIOSO, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 2757 NE 15 STREET City Ft. Lauderdale		
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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME PREZIOSO, ROBERT F STREET ADDRESS 424 HENDRICKS ISLE #7 CITY-ST-ZIP FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2757 NE 15 Street Ft. Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/22/04		
			Daytime Phone # 954 527 4584		