


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90019 017 ***150.00

DOCUMENT # P01000051177 1. Entity Name INTER-MARES INTERNATIONAL CORP.					
Principal Place of Business 10441 N.W. 28TH STREET SUITE A 105 MIAMI, FL 33172			Mailing Address 10441 N.W. 28TH STREET SUITE A 105 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1121132				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTO, NOTO 10441 NW 28TH STREET STE A105 MIAMI, FL 33172			Name ANNA CAROLINA ARNOLDI NOTO Street Address (P.O. Box Number is Not Acceptable) 10441 NW 28 STREET STE A105 City MIAMI State FL Zip Code 33172		
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 <i>[Signature]</i>			DATE 02-24-04		
(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 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NOTO, ROBERTO	TITLE			
STREET ADDRESS	10441 N.W. 28TH STREET	NAME			
CITY-ST-ZIP	MIAMI, FL 33172	STREET ADDRESS			
TITLE	D <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	NOTO, PAULO SERGIO	TITLE			
STREET ADDRESS	10441 N.W. 28TH STREET	NAME			
CITY-ST-ZIP	MIAMI, FL 33172	STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME		TITLE			
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
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: <i>[Signature]</i>			DATE 02-24-04 DAYTIME PHONE # (305) 597-7171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					