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Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000051177

1. Entity Name
INTER-MARES INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
10441 N.W. 28TH STREET SUITE A 105 MIAMI, FL 33172	10441 N.W. 28TH STREET SUITE A 105 MIAMI, FL 33172

01242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3513 NW 82ND AVE	3513 NW 82ND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL FL	City & State: DORAL FL
Zip: 33122 Country: DADE	Zip: 33122 Country: DADE

4. FEI Number: 65-1121132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLDI NOTO, ANNA CAROLINA 10441 NW 28TH STREET STE A105 MIAMI, FL 33172	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 3513 NW 82ND AVE City: DORAL FL Zip Code: 33122

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: X [signature] ANNA C. NOTO X 3-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRSD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ARNOLDI NOTO, ANNA CAROLINA		NAME		
STREET ADDRESS	10441 NW 28 ST., A105		STREET ADDRESS	3513 NW 82ND AVE	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	DORAL FL 33122	
TITLE	VPD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROBERTO NOTO, JOSE		NAME		
STREET ADDRESS	10441 NW 28 ST., A105		STREET ADDRESS	3513 NW 82ND AVE	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	DORAL FL 33122	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] ANNA C. NOTO X 3-18-05 (305)597-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #