## 2004 FOR PROFIT CORPORATION

## May 04, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000063908 05-04-2004 90153 044 \*\*\*150.00 1. Entity Name SIMPLE INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 14019982 3922 CHERRY LANE 3922 CHERRY LANE WESTON, FL 33332 WESTON, FL 33332 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1118728 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPINOSA, SANDRA Street Address (P.O. Box Number is Not Acceptable) 3922 CHERRY LANE WESTON, FL 33331 City Zip Code 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 & printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE THLE ☐ Change Addition ESPINOSA, SANDRA NAME NAME 3922 CHERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CHY-ST-ZIP TITLE ☐ Delete Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. MAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-ST-ZIP HINE ☐ Delete• DILE ☐ Chauge Addition HAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Change Addition tille ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

12. Thereby certify that the information supplied with this filling 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 cath; 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 is changed, or on an attachment with an address, with all other like empowered.

CHY-ST-ZIP