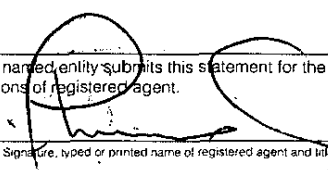
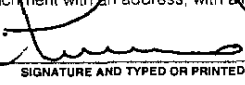


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90275 021 ***150.00

DOCUMENT # P01000068856 1. Entity Name FENIX INTERNATIONAL TRADING CORP.					
Principal Place of Business 7220 NW 36 STREET SUITE 641 MIAMI, FL 33166			Mailing Address 7220 NW 36 STREET SUITE 641 MIAMI, FL 33166		
2. Principal Place of Business 2830 N.W. 72 AVENUE Suite, Apt. #, etc.		3. Mailing Address 2830 N.W. 72 AVENUE Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State MIAMI - FL		4. FEI Number 65-1124190	
Zip 33122		Country DADE County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCHERINO, SALVATORE F 7220 NW 36 STREET SUITE 641 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name LUCHERINO, SALVATORE F Street Address (P.O. Box Number is Not Acceptable) 2830 NW 72 AVENUE City MIAMI 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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
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 NAME STREET ADDRESS CITY - ST - ZIP	PSD LUCHERINO, SALVATORE F 7220 NW 36 STREET SUITE 641 MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LUCHERINO, SALVATORE F 2830 N.W. 72 AVENUE MIAMI - FL 33122	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  - President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/27/2004 786-223-9889 Date Daytime Phone #		