## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

35 442-4554

ANNUAL REPURI				Secretary of State	
DOCUMENT # P01000083481				1.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1. Entity Nam	18				
SADECII	NTERNATIONAL, INC.				
Principal Plac	e of Business	Mailing Address			
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	O NOT WRITE	IN THIS SPA			
				65-1142169 Not Applicable	
1				5. Certificate of Status Desired	
	6. Name and Address of Current R	egistered Agent			
FERNANDEZ, DANIEL E					
2618 GALIANO ST			DO NOT WRITE		
CORAL GABLES, FL 33134				IN THIS SPACE	
			}		
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)  DATE					
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.					
After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	□ Add	led to Fees	
10.	OFFICERS AND D	IRECTORS	1		
TITLE NAME	PD FERNANDEZ, DANIEL E		)		
STREET ADDRESS	2618 GALIANO STREET				
CITY-ST-ZIP	CORAL GABLES, FL 33134		<u>}</u>	######################################	
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	L certify that the information supplied with t	his filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	
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 effect 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 given like empowered.					
changed, or on an attachment with an address with all other like empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR