## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000094924

Name:

Address: City-St-Zip: ALEJANDRO SINAGRA, ENRIQUE

10185 COLLINS AVE APT 1201

BAL HARBOUR, FL 33154

Entity Name: COMM-PASS INTERNATIONAL SERVICES INC

FILED Jan 14, 2004 Secretary of State

Littly Nai	ile. COM	N-FAGG INTERINA	CHONAL SERVIC	JES, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
10185 COL 1201 MIAMI BEA								
Current Mailing Address:				New Mailing Address:				
PO BOX 40 MIAMI BEA		3140						
FEI Number: 65-1147051 FEI Number Applied For ( )			FEI Number Not Applicable ( )			Certificate of Sta	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1500 MIAM 201 S. BISC MIAMI, FL	II CENTER CAYNE BL' 33131 US named ent	ity submits this st		urpose of c	changing it	s registere	ed office or registere	ed agent, or both,
SIGNATUR								
Electronic Signature of Registered Agent							Date	
Election Can	npaign Finan	cing Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	10185 COL	() Delete RI, MARIA FERNANDA LINS AVE., APT. 423 DR, FL 33154		N A	itle: lame: .ddress: city-St-Zip:		( ) Change ( ) Addition	on
Title: Name: Address: City-St-Zip:		() Delete EDUARDO LINS AVE., APT. 423 DR, FL 33154		N A	itle: lame: .ddress: city-St-Zip:	10185 CO	(X) Change ( ) Addition EDUARDO D LLINS AVE., APT. 423 SOR, FL 33154	on
Title:	D	( ) Delete		т	itle:	D	(Y) Change ( ) Additi	on

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SINAGRA, ENRIQUE A

10185 COLLINS AVE APT 1201

BAL HARBOUR, FL 33154

SIGNATURE: EDUARDO D. SINAGRA S 01/14/2004