


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90390 023 \*\*\*150.00

<b>DOCUMENT # P01000114465</b> 1. Entity Name BARSAM INTERNATIONAL, INC.		
Principal Place of Business 7902 NW 36TH STREET SUITE 212 MIAMI, FL 33166 US		Mailing Address 7902 NW 36TH STREET SUITE 212 MIAMI, FL 33166 US
2. Principal Place of Business 10840 SW 159th Avenue Suite, Apt. #, etc.	3. Mailing Address 10840 SW 159th Avenue Suite, Apt. #, etc.	
City & State Miami FL	City & State Miami FL	4. FEI Number 60-0000548
Zip 33157	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: LILIA E. BARRERO DE VIAFARA Street Address (P.O. Box number is Not Acceptable) 8687 SW 137 ave. City: MIAMI FL FL Zip Code: 33183
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: <i>Lilia E. Barrero de Viafara</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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: PD <input type="checkbox"/> Delete NAME: DELGADO DE BARRERO, LUCY CARMENZA STREET ADDRESS: 8687 SW 137TH AVENUE CITY-ST-ZIP: MIAMI, FL 33183	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VD <input type="checkbox"/> Delete NAME: BARRERO DE VIAFARA, LILIA E STREET ADDRESS: 8687 SW 137TH AVENUE CITY-ST-ZIP: MIAMI, FL 33183	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <i>Lilia E. Barrero de Viafara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Telephone: _____

