
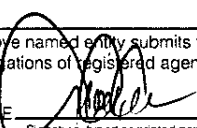
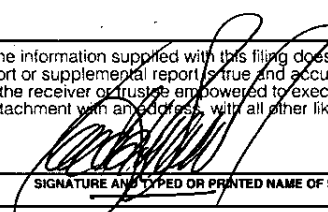


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90001 020 ***158.75

DOCUMENT # P02000013749 1. Entity Name PK2 INTERNATIONAL, INC.					
Principal Place of Business 370 W. CAMINO GARDENS BLVD. SUITE 300 BOCA RATON, FL 33432			Mailing Address P.O. BOX 145303 MIAMI, FL 33114-5303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0381581	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRASER, DUNCAN C/O ACCURATE ASSOCIATES 660 LINTON BLVD., SUITE 207 DELRAY BEACH, FL 33444				Name GERHAN GOMEZ	
				Street Address (P.O. Box Number is Not Acceptable) 370 CAMINO GARDENS BLVD. #300	
				City Boca Raton	
				FL Zip Code 33432	
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  GERHAN GOMEZ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/28/04	
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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRASER, DUNCAN	NAME			
STREET ADDRESS	660 LINTON BLVD., #207	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEL PORTILLO, EDUARDO	NAME			
STREET ADDRESS	1925 BRICKELL AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	GERHAN GOMEZ		
STREET ADDRESS		STREET ADDRESS	370 CAMINO GARDENS BLVD # 300		
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		EDUARDO DEL PORTILLO			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		1/28/04		(305) 793 3373	