


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90010 013 \*\*\*150.00

<b>DOCUMENT # P02000042004</b>	
1. Entity Name <b>KRAFTWELT INTERNATIONAL, INC.</b>	

Principal Place of Business <b>C/O ROTH ROUSSO &amp; DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>	Mailing Address <b>C/O ROTH ROUSSO &amp; DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>
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**54032288**




01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>18851 NE 29th AV</b>	3. Mailing Address <b>18851 NE 29th AV</b>
Suite, Apt. #, etc. <b>900</b>	Suite, Apt. #, etc. <b>900</b>
City & State <b>AVENTURA, FL</b>	City & State <b>AVENTURA, FL</b>
Zip <b>33180</b> Country <b>USA</b>	Zip <b>33180</b> Country <b>USA</b>

4. FEI Number <b>48-1257837</b>	Applied For <input type="checkbox"/> Not Applicable
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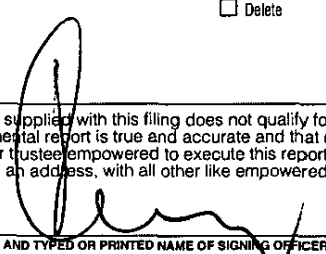
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROTH, LEONARDO A ESQ C/O ROTH ROUSSO &amp; DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021</b>	7. Name and Address of New Registered Agent Name <b>LEONARDO A. ROTH, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th AV, SUITE 900</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>
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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.	DATE <b>4/6/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STINCHI, DANIEL E <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T DANIEL STINCHI <b>18851 NE 29th AV, SUITE 900 AVENTURA, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STINCHI, FABIAN OSCAR <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S FABIAN OSCAR STINCHI <b>18851 NE 29th AV, SUITE 900 AVENTURA, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/6/04</b> Daytime Phone # <b>786-270-0000</b>