2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P02000047339 04-28-2004 90260 013 ***150.00 1. Entity Name ALL TOGETHER INTERNATIONAL, INC. Principal Place of Business Mailing Address 44058538 8333 LAKE DRIVE #L106 8333 LAKE DRIVE #L106 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Bysiness 1060 Falcon Avenue 3. Mailing Address 1060 Falcon guenue Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) City & State 4. FEI Number Applied For 47-0863016 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent Street Address (P.O. Box Number arina TONFI, MARINA 8333 LAKE DRIVE #L106 Box Number is Not Acceptable) MIAMI, FL 33166 ity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept 8. The above named en the obligations stered agent. SIGNATURE. r printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NÓW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition TONFI, MARINA NAME NAME 1060 Falcon Avenue STREET ADDRESS 8333 LAKE DRIVE #L106 STREET ADDRESS Miami Sprint FL 33166 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP L. Delete DHECTOR, Anibal 1060 Falcon Avenue ☐ Addition HECTOR, ANIBAL NAME NAME STREET ADDRESS 8333 LAKE DRIVE #L106 STREET ADDRESS iami Sprint FL 33160 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete Addition nibal, Fernando ANIBAL, FERNANDO NAME NAME 60 + alcon-Avenue STREET ADDRESS 8333 LAKE DRIVE #L106 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete TITLE Addition NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does in qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 their eceiver 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:** NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED