


May 04,
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000074602		
1. Entity Name ALLIANZ INVESTMENTS INTERNATIONAL INC.		
Principal Place of Business 433 SAN SOVINO AVE. CORAL GABLES, FL 33146 US		Mailing Address 433 SAN SOVINO AVE. CORAL GABLES, FL 33146 US
DO NOT WRITE IN THIS SPACE		
		 05022005 No Chg-P CR2E034 (10/03)
		4. FEI Number 48-1266388 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MIRABAL, MIGUEL 433 SAN SOVINO AVE. CORAL GABLES, FL 33146		
		DO NOT WRITE IN THIS SPACE
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:  4/15/05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRABAL, MIGUEL F 433 SAN SOVINO AVENUE CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SENRA-MIRABAL, MARGARITA 433 SAN SOVINO AVENUE CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  4/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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05/05/05-80105-021 150.00

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