## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000076961

Entity Name: EPIPHANY INTERNATIONAL INVESTMENT GROUP, INC

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12350 SW 132 CT 7990 SW 117TH AVE SUITE 101 SUITE 210

MIAMI, FL 33186 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

14413 SW 113 TER PO BOX 832406 ATTENTION: VALERIA TORRES MIAMI, FL 33283

MIAMI, FL 331866653

FEI Number: 03-0519238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TORRES, ARMANDO O
12350 SW 132 CT
PO BOX 832406
SUITE 101
MIAMI, FL 33186

ALVAREZ, ROSA M
PO BOX 832406
MIAMI, FL 33283

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.

SIGNATURE: ROSA M ALVAREZ 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS ( ) Delete Title: P (X) Change ( ) Addition Name: TORRES, VALERIA S . Name: TORRES, VALERIA S .

 Address:
 12350 SW 132 CT. SUITE 101
 Address:
 PO BOX 832406

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33283 US

Title: VT () Delete Title: VP (X) Change () Addition

 Name:
 TORRES, ARMANDO O
 Name:
 TORRES, ARMANDO O

 Address:
 12350 SW 132 CT SUITE 101
 Address:
 PO BOX 832406

 City-St-Zip:
 MIAMI, FL 33186 US
 City-St-Zip:
 MIAMI, FL 33283 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA S TORRES P 04/28/2004