


**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

50039084

<b>DOCUMENT # P02000080795</b>		04-19-2005 90400 017 ***150.00	
1. Entity Name <b>SANNOH INTERNATIONAL, INC.</b>			
Principal Place of Business <b>7225 NW 25 ST STE 300 MIAMI, FL 33122</b>		Mailing Address <b>7225 NW 25 ST STE 300 MIAMI, FL 33122</b>	
2. Principal Place of Business <b>7570 NW 14 Street Suite, Apt. #, etc. #112</b>		3. Mailing Address <b>7570 NW 14 Street Suite, Apt. #, etc. #112</b>	
City & State <b>MIAMI, FL</b>		City & State <b>Miami FL</b>	
Zip <b>33126</b>		Country <b>DADE</b>	
4. FEI Number <b>55-0788517</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>SITLER, GERARDO M 7225 NW 25 ST STE 300 MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name <b>SITLER, GERARDO M</b> Street Address (P.O. Box Number is Not Acceptable) <b>7570 NW 14 Street #112</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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: <b>Gerardo Sitler</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>04/18/05</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SITLER, GERARDO M 7225 NW 25 ST STE 300 MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. <b>SITLER, GERARDO M 7570 NW 14 Street #112 MIAMI, FL 33126</b>
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
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
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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: <b>Gerardo Sitler</b>		DATE: <b>04/18/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	