2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2004 08:00 AM Secretary of State DOCUMENT # P02000099313 PEMBROKE INTERNATIONAL, INC. Principal Place of Business Mailing Address 4000 SW 40 AVE 4000 SW 40 AVE PEMBROKE PARK, FL 33023 PEMBROKE PARK, FL 33023 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0796383 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAMI, SIMON DO NOT WRITE 2420 N DIXIE HWY HOLLYWOOD, FL 33020 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 a DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or punts e of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000060438 Trust Fund Contribution. Added to Fees 02/23/04-80039-021 150.80 10. OFFICERS AND DIRECTORS PS TITLE CHAMI, SIMON NAME STREET ADDRESS 2420 N DIXIE HWY CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF 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)(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 abother like empowered.

SINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPE

FILED

Caytime Phone #