2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000111366

Entity Name: WEEKS INTERNATIONAL INTERPRISES, INC.

Current Principal Place of Business:

6382 VIA VENETIA NORTH
DELRAY BEACH, FL 33484

New Principal Place of Business:

C/O M. ALI ANSARI, 3701 FAU BLVD.
STE 210
BOCA RATON, FL 33431

Current Mailing Address:

6382 VIA VENETIA NORTH
DELRAY BEACH, FL 33484

New Mailing Address:

C/O M. ALI ANSARI, 3701 FAU BLVD.
STE 210
BOCA RATON, FL 33431

FEI Number: 01-0747139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSARI, M. ALI
2901 CLINT MOORE ROAD STE 403
EVERGLADES FINANCIAL SERVICE INC.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

ANSARI, M. ALI
3701 FAU BLVD., STE 210
BOCA RATON, FL 33431 US

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: M ALI ANSARI 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: WEEKS, CHARLES M
Address: 6382 VIA VENETIA NORTH
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Delete
Name: WEEKS, CHARLES M
Address: 6382 VIA VENETIA NORTH
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEEKS, CHARLES M
Address: C/O M ALI ANSARI, 3701 FAU BLVD., STE 210
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES WEEKS D 04/30/2004
Electronic Signature of Signing Officer or Director Date