

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90317 024 ***150.00

DOCUMENT # P02000118639

1. Entity Name
INTERNATIONAL NETWORK INVESTORS, INC.



Principal Place of Business
**4842 SW 74TH CT.
MIAMI, FL 33155**

Mailing Address
**4842 SW 74TH CT.
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1636791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUIULFO, OSCAR V SR.
8877 COLLINS AVENUE
603
MIAMI BEACH, FL 33154**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIULFO, OSCAR V SR. 8877 COLLINS AVENUE, APT 603 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, MONICA A 5773 NW 99TH PL MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUIULFO, MAYRA G 8877 COLLINS AVE., APT 603 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

Mayra Guiulfo **MAYRA GUIULFO** 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #