


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000120875	
1. Entity Name C I INTERNATIONAL GROUP, INC.	

Principal Place of Business 12571 SW 38TH TERRACE MIAMI, FL 33175 US	Mailing Address 12571 SW 38TH TERRACE MIAMI, FL 33175 US
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0511716	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 SURIS, JOSE M 12571 SW 38TH TERRACE MIAMI, FL 33175
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IN THIS SPACE**

B. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURIS, JOSE M 12571 SW 38TH TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SURIS, TAMIRA 12571 SW 38TH TERRACE MIAMI, FL 33175
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02/16/04 90014-021 150.00

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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 all other like empowered.

SIGNATURE: 	<u>Jose M Suris</u> 1/16/04 (305) 552-7408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #