


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 032 ***150.00

DOCUMENT # P03000000211 1. Entity Name LE SILUETTE INTERNATIONAL, CORP.	
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Principal Place of Business 9751 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US	Mailing Address 9751 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US
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94076819



2. Principal Place of Business P.O. BOX 8166 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 8166 Suite, Apt. #, etc.
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04262004 Chg-P CR2E034 (10/03)

City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33075	Country US

4. FEI Number 65-1166743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BONDY, LUIS 9751 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent Name MARIA I ESCUZA Street Address (P.O. Box Number is Not Acceptable) 2542 NW 94TH AVE City CORAL SPRINGS FL Zip Code 33065

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: *X Maria I Escuza*
Signature, typed or printed name of registered agent and title if applicable.

04-27-04
DATE

(NOTE: Registered Agent signature required when reinstating)

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	P BONDY, LUIS 9751 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCUZA, MARIA I 9751 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESCUZA MARIA I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 8166 CORAL SPRINGS FL 33075
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *X Maria I Escuza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04
Date

Daytime Phone #