
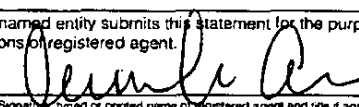
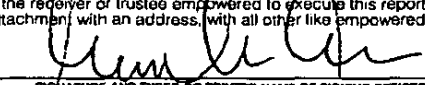


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90040 030 \*\*\*150.00

<b>DOCUMENT # P03000001707</b> 1. Entity Name <b>EPSIS, INTERNATIONAL CORPORATION</b>			
Principal Place of Business <b>1703 HAMMOCK BLVD SUITE 102 COCONUT CREEK FL 33063</b>		Mailing Address <b>1703 HAMMOCK BLVD SUITE 102 COCONUT CREEK FL 33063</b>	
2. Principal Place of Business <b>2750 SW 74th Way</b> Suite, Apt. #, etc. <b>Ste. 2607</b>		3. Mailing Address <b>2750 SW 74th Way</b> Suite, Apt. #, etc. <b>Ste. 2607</b>	
City & State <b>Davie FL</b>		City & State <b>Davie, FL</b>	
Zip <b>33314</b>	Country <b>USA</b>	Zip <b>33314</b>	Country <b>USA</b>
4. FEI Number <b>043791779</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>AMADEO, MIGUEL A 1703 HAMMOCK BLVD SUITE 102 COCONUT CREEK FL 33063</b>		7. Name and Address of New Registered Agent Name <b>Miguel A. Amadeo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2750 SW 74th Way Ste. 2607</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>	
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  (SAME) DATE <b>2-19-04</b> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VCOO DIAZ, RAUL A 1703 HAMMOCK BLVD SUITE 102 COCONUT CREEK FL 33063</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PCEO AMADEO, MIGUEL A 1703 HAMMOCK BLVD SUITE 102 COCONUT CREEK FL 33063</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date <b>2-19-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	