2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-12-2004 90018 046 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000009076

1. Entity Name
ACTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301	1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
2011 S. Perimeter Rd.	2011 S. Perimeter Rd.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Fort Lauderdale, Fl.	City & State: Ft. Lauderdale, Fl
Zip: 33309 Country: Broward	Zip: 33309 Country: Broward

4. FEI Number: 05-0550411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
J. PATRICK DYAL 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301	Name: Hannes Jagerhofer Street Address (P.O. Box Number is Not Acceptable): 2011 South Perimeter Rd., Ste C City: Fort Lauderdale FL Zip Code: 33309

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 ____________ 3/25/04
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAGERHOFER, HANNES 6550 NORTH FEDERAL HWY #240 FORT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jagerhofer, Hannes 2011 South Perimeter Rd., Suite C Fort Lauderdale, Fl. 33309	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ____________ 3/25/04 954-776-424[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #