


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91058 042 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P03000025882</b>                                       |  |
| 1. Entity Name<br><b>WOODBIDGE INTERNATIONAL FINANCE CORPORATION</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>22 S.E. 4TH STREET<br/>BOCA RATON, FL 33432</b> | Mailing Address<br><b>22 S.E. 4TH STREET<br/>BOCA RATON, FL 33432</b> |
|---|---|

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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>22 S.E. 4th Street</b> | 3. Mailing Address<br><b>22 S.E. 4th Street</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |



04302004 Chg-P CR2E034 (10/03)

|  |                                   |
|--|-----------------------------------|
| City & State<br><b>BOCA RATON, FL.</b> | City & State<br><b>BOCA RATON</b> |
| Zip<br><b>33432</b>                    | Country<br><b>USA</b>             |
| Zip<br><b>33432</b>                    | Country<br><b>U.S.A</b>           |

|                                     |  |
|-------------------------------------|--|
| 4. FEI Number<br><b>04-374-3665</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>GEORGE, QUINTERO<br/>22 S.E. 4TH STREET<br/>BOCA RATON, FL 33432</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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 reappointing) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |
| <b>P<br/>QUINTERO, GEORGE A<br/>22 S.E. 4TH STREET<br/>BOCA RATON, FL 33432</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |
| <b>VP<br/>VARGAS, MARIA A<br/>22 S.E. 4TH STREET<br/>BOCA RATON, FL 33432</b>   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: George Quintero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-30-04** **561-502-1738**  
**786-290-9013**

Date Daytime Phone #