

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90198 004 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P03000028221</b><br>1. Entity Name<br><b>KERKYRA INTERNATIONAL CORP.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>19555 E. COUNTRY CLUB DR.<br/>AVENTURA, FL 33180 US</b>  |  |   |  | Mailing Address<br><b>19555 E. COUNTRY CLUB DR.<br/>AVENTURA, FL 33180 US</b>  |  |
| 2. Principal Place of Business<br><b>3530 Mystic Pointe Dr</b><br>Suite, Apt. #, etc.<br><b># 1208</b><br>City & State<br><b>Aventura FL</b><br>Zip<br><b>33180</b>  |  | 3. Mailing Address<br><b>CCS81481 POBOX 025323</b><br>Suite, Apt. #, etc.<br>City & State<br><b>Miami FL</b><br>Zip<br><b>33102</b> |  |  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>45-0516303</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAMBIO-BONAZZI, ADRIANA E</b><br><b>19555 E. COUNTRY CLUB DR.</b><br><b>AVENTURA, FL 33180</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3530 Mystic Pointe Dr</b><br><b># 1208</b><br>City<br><b>Aventura</b> <b>FL</b> Zip Code<br><b>33180</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.<br><br>SIGNATURE: <b>Adriana Cambio-Bonazzi</b> <span style="float: right;">DATE: <b>Apr 27, 05</b></span><br><small>Signature, typewritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>CAMBIO-BONAZZI, ADRIANA ESTER</b><br><b>19555 E. COUNTRY CLUB DR.</b><br><b>AVENTURA, FL 33180</b>    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3530 Mystic Pointe Dr #1208</b><br><b>Aventura FL 33180</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br><b>CAMBIO, ALESSANDRO V</b><br><b>C.C. SANTA MARTA LOCAL 6 - CHUAO</b><br><b>CARACAS 1061 VENEZUELA,</b> | <input type="checkbox"/> Delete   | 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   | SD<br><b>BONAZZI, ANNA</b><br><b>C.C. SANTA MARTA LOCAL 6 - CHUAO</b><br><b>CARACAS 1061 VENEZUELA,</b>        | <input type="checkbox"/> Delete   | 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"/> Delete   | 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"/> Delete   | 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"/> Delete   | 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 supplementary 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: <b>Adriana Cambio-Bonazzi</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | DATE: <b>Apr 27, 05</b> <b>305-9333997</b><br><small>Daytime Phone #</small>   |  |  |