

FILED
Jun 14, 2004 8:00 am
Secretary of State


04-28-2004 90192 023 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66428032



DOCUMENT # P03000028679			
1. Entity Name DEL RIO HUERE INTERNATIONAL CORP			
Principal Place of Business 15241 SW 80 STREET SUITE 210 MIAMI, FL 33193		Mailing Address 15241 SW 80 STREET SUITE 210 MIAMI, FL 33193-D	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number D4032004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEL RIO, FLOR- 15241 SW 80 STREET SUITE 210 MIAMI, FL 33193		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)</small>			
FILE NOW!! FEE IS \$100.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P DEL RIO, FLOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15241 SW 80 STREET SUITE 210	NAME	
STREET ADDRESS	MIAMI, FL 33193	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 correction if so empowered.			
SIGNATURE <i>Del Rio</i>		Date <i>04-20-04</i>	
<small>Signature AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

 **IRS** Department of the Treasury
Internal Revenue Service
ATSC ATLANTA GA 39901-0038

Attended

66428032

PO300002FG79

In reply refer to: 0641228862
Apr. 30, 2003 LTR 147C
61-1444471 200303 01 000
Input Op: 0641228862 03007

DEL RIO HUER INTERNATIONAL CORP
15241 SW 80TH ST STE 210
MIAMI FL 33193

Employer Identification Number: 61-1444471

Dear Taxpayer:

We received your request of Apr. 22, 2003 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 61-1444471. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

~~We apologize for any inconvenience we may have caused you, and thank you for your cooperation.~~