


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90017 036 \*\*\*550.00

<b>DOCUMENT # P03000033278</b>	
<b>1. Entity Name</b> PRESIDENTIAL ENTERPRISES INTERNATIONAL, INC.	

<b>Principal Place of Business</b> 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181	<b>Mailing Address</b> 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181
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MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 7000 ISLAND BLVD Suite, Apt. #, etc. #1406 City & State AVENTURA - FLA Zip 33160 Country USA	<b>3. Mailing Address</b> 7000 ISLAND BLVD Suite, Apt. #, etc. #1406 City & State FLA Zip 33160 Country USA
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<b>4. FEI Number</b> 20-0153795	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SAUNDERS, PHYLLIS 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181	<b>7. Name and Address of New Registered Agent</b> Name PHYLLIS S. SAUNDERS Street Address (P.O. Box Number is Not Acceptable) 7000 ISLAND BLVD #1406 AVENTURA City FL Zip Code 33160
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**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 *Phyllis Saunders* (NOTE: Registered Agent signature required when reinstating) DATE *7/28/04*

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SAUNDERS, PHYLLIS 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYLLIS S. SAUNDERS <input type="checkbox"/> Change <input type="checkbox"/> Addition 7000 ISLAND BLVD #1406 AVENTURA FLA 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <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	STANTON A. FREEDMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 7000 ISLAND BLVD #1406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVENTURA FLA 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition PRES
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 another like empowered.**

SIGNATURE: *Phyllis Saunders* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE *7/28/04* Daytime Phone # *305 936.8662*