


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90006 020 ***150.00

DOCUMENT # P03000048530	
1. Entity Name PISAC INTERNATIONAL INC.	

Principal Place of Business 2457A. SO. HIAWASSEE ROAD SUITE 261 ORLANDO, FL 32835 US	Mailing Address 2457A. SO. HIAWASSEE ROAD SUITE 261 ORLANDO, FL 32835 US
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54067081

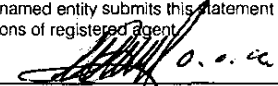
2. Principal Place of Business 2616 CATHERINE ST.	3. Mailing Address 2616 CATHERINE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07162004 Chg-P CR2E034 (10/03)

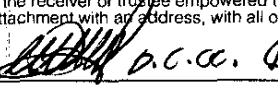
City & State KISSIMMEE; FLORIDA	City & State KISSIMMEE; FLORIDA	4. FEI Number 74-3118886	Applied For Not Applicable
Zip 34741	Country OSCEOLA	Zip 34741	Country OSCEOLA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRUZ, DAVID 2457A. SO HIAWASSEE ROAD 261 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name: DAVID CRUZ Street Address (P.O. Box Number is Not Acceptable) 2616 CATHERINE ST. City: KISSIMMEE FL Zip Code: 34741	
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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: 	PRESIDENT 07-16-04
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, DAVID 2457A. SO. HIAWASSEE ROAD SUITE 280 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID CRUZ 2616 CATHERINE ST. KISSIMMEE; FL; 34741 <input checked="" 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
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
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 all other like empowered.	
SIGNATURE:  D.C.C. David Cruz CEO-President 7-16-04 407-5181003	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #