





# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90278 032 \*\*\*150.00

<b>DOCUMENT # P03000053358</b> 1. Entity Name <b>BILITZER INTL. INC.</b>					
Principal Place of Business <b>10226 QUITO ST COOPER CITY, FL 33026</b>			Mailing Address <b>10226 QUITO ST COOPER CITY, FL 33026</b>		
2. Principal Place of Business <b>3930 TREE TOPS ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>3930 TREE TOPS ROAD</b> Suite, Apt. #, etc.			
City & State		City & State		04172004 Chg-P CR2E034 (10/03)	
Zip		Zip		4. FEI Number <b>43-2014632</b>	
Country		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BILITZER, IFAT 10226 QUITO ST COOPER CITY, FL 33026</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3930 TREE TOPS ROAD</b> 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 <b>IFAT Bilitzer</b>  <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DCEO BILITZER, IFAT 10226 QUITO ST COOPER CITY, FL 33026</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>3930 TREE TOPS ROAD</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST BILITZER, IFAT 10226 QUITO ST COOPER CITY, FL 33026</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>3930 TREE TOPS ROAD</b>		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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		SIGNATURE: <b>IFAT Bilitzer</b>  <b>4/26/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Date Daytime Phone #	