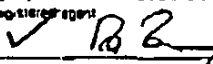
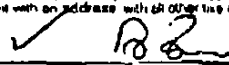


FILED
May 23, 2005 8:00 am
Secretary of State

4/15/1

04-15-2005 90074 021 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000019376			
1. Entity Name FIS INTERNATIONAL, INC.			
Principal Place of Business 3541 VESTA CT MIAMI, FL 33133		Mailing Address 3541 VESTA CT MIAMI, FL 33133	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Name and Address of Current Registered Agent DA SILVA TAVARES, ARMANDO 3541 VESTA CT MIAMI, FL 33133		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. This place named entity submits this statement for the purpose of changing its registered office or registered agent, in both in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
FILE NOW!!! FEES \$150.00 After May 1, 2005 Fee will be \$550.00		7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE P NAME DA SILVA TAVARES, ARMANDO ☐ Delete STREET ADDRESS 3541 VESTA CT CITY-ST-ZIP MIAMI, FL 33133		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7)(3)(f), Florida Statutes. I further certify that the information included 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 authorized 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 in an attachment with an address with all other line empowered.			
SIGNATURE: 		DATE	