


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90208 050 ***150.00

DOCUMENT # P04000102653	
1. Entity Name JORSCH INTERNATIONAL CORPORATION	

Principal Place of Business 1390 BRICKELL AVE SUITE 200 MIAMI, FL 33131	Mailing Address 1390 BRICKELL AVE SUITE 200 MIAMI, FL 33131
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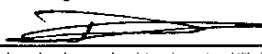
2. Principal Place of Business	3. Mailing Address 2875 NE 191 ST 801
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State AVENTURA FL
Zip	Zip 33180
Country	Country USA



03012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1537273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B 1390 BRICKELL AVE SUITE 200 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name DANIEL J. SERBER Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST # 801 City AVENTURA FL Zip Code 33180	

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.

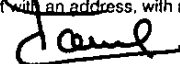
SIGNATURE  DANIEL J. SERBER DATE 04/27/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, JORGE 1390 BRICKELL AVE SUITE 200 MIAMI, FL 33131 <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
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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:  JORGE SCHMIDT DATE 04/27/05 DAYTIME PHONE # 305-932-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR