2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 30, 2004 8:00 am **Secretary of State** DOCUMENT # P93000029251 01-30-2004 90068 044 ***158.75 FIRST INTERNATIONAL DEVELOPERS CORP. Principal Place of Business Mailing Address **GETIONER** 888 BRICKELL AVE 888 BRICKELL AVE PENTHOUSE PENTHOUSE MIAMI, FL 33131 MIAMI, FL 33131 us CR2E034 (10/03) 01052004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0414983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HASSAN, M.F. DO NOT WRITE 888 BRICKELL AVE **PENTHOUSE** IN THIS SPACE MIAMI, FL 33131 8. This 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE HASSAN, M.F. NAME 888 BRICKELL AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 119.07(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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

(305)371-3001

FILED