2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064620

2996 NW 99TH PLACE

MIAMI, FL 33172

Address:

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

Entity Na	me: M.T.T. IN	TERNATIONAL CORP.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
245 SE 1S MIAMI, FL	ST STREET, SI 33131	JITE 300				
Current Mailing Address:			New Maili	New Mailing Address:		
245 SE 1ST STREET, SUITE 300 BOX 112 MIAMI, FL 33131			245 SE 1ST STREET, SUITE 300 MIAMI, FL 33131			
FEI Number	: 65-0443568	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
FARIA, EDMAR 2996 NW 99TH PLACE MIAMI, FL 33172			9762 NW 2	FARIA, EDMAR 9762 NW 29TH TERRACE MIAMI, FL 33172		
	named entity e of Florida.	submits this statement for the p	urpose of changing it	its registered office or registered agent, or both,		
SIGNATU	RE:			04/28/2004		
	Electror	nic Signature of Registered Age	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (TAKAHASHI, M 2996 NW 99TH MIAMI, FL 331	I PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (TAKAHASHI, YO 2996 NW 99TH MIAMI, FL 331	I PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	SD () Delete	Title:	VP (X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip: MIAMI, FL 33172

SIGNATURE: EDMAR FARIA VΡ 04/28/2004

9762 NW 29TH TERRACE