

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000064620

1. Entity Name
M.T.T. INTERNATIONAL CORP.



Principal Place of Business
**245 SE 1ST STREET, SUITE 300
MIAMI, FL 33131**

Mailing Address
**245 SE 1ST STREET, SUITE 300
MIAMI, FL 33131**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0443568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARIA, EDMAR
9762 NW 29TH TERRACE
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAKAHASHI, MICHIO
STREET ADDRESS	2996 NW 99TH PLACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	DOS SANTOS, CELSO GONCALVES
STREET ADDRESS	2996 NW 99TH PLACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VD
NAME	TAKAHASHI, YOKO
STREET ADDRESS	2996 NW 99TH PLACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VP
NAME	FARIA, EDMAR
STREET ADDRESS	9762 NW 29TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80126-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/05

Date

305-358-0402

Daytime Phone #