


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000003674</b> 1. Entity Name <b>ZIANI INTERNATIONAL CAPITAL, INC.</b>	
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<b>Principal Place of Business</b> 151 CRANDON BLVD. APT. #1127 KEY BISCAYNE, FL 33149 US	<b>Mailing Address</b> 151 CRANDON BLVD. APT. #1127 KEY BISCAYNE, FL 33149 US
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03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0464440</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROBERT G 151 CRANDON BLVD, APT 1127 KEY BISCAYNE, FL 33149
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03/25/05-80054-001 8.75

U000000276687  
03/25/05-80054-002 150.00

**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)(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:** Robert Wilson **March 23, 2005** **305-361-0835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #