2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P94000094040 1. Entity Name 02-04-2004 90022 040 ***158.00 BABO INTERNATIONAL BROKERS, INC. Principal Place of Business Mailing Address 53 POMPANO ST. FORT LAUDERDALE FL 33331 PO BOX 2517 TTCMUUEN FORT MYERS BEACH FL 33932 3. Mailing Address 2. Principal Place of Business Pompano Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number 65-0549481 Beacl Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BACHER, ULRICH Street Address (P.O. Box Number is Not Acceptable) 53 POMPANO ST. FORT LAUDERDALE FL 33331 Zip Code 3333 lement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 🛭 am familiar with, and accept 8. The above named entity submits this str the obligations of registered agent. ULRICH BACHER (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PTD TITLE TITLE Delete BACHER, ULRICH NAME NAME 53 POMPANO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL 33931 CITY-ST-ZIP ☐ Change ☐ Addition VPSD ☐ Delete TITLE TITLE BOETEL, EDGAR MAME NAME 53 POMPANO ST. STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITI F □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered.

FILED