
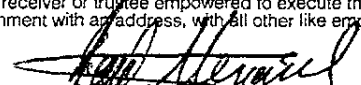


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P95000001840</b> 1. Entity Name INTERNATIONAL EXCLUSIVE TRADERS, INC.					
Principal Place of Business 1201 NE 191 STREET APT 319 NORTH MIAMI BEACH FL 33179 US			Mailing Address 1201 NE 191 STREET STE 6319 NORTH MIAMI BEACH FL 33179 US		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>65-0550163</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MENASSE, JOSE</b> <b>1201 NE 191ST STREET APT 6319</b> <b>NORTH MIAMI BEACH FL 33179</b>			7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MENASSE, JOSE 1201 NE 191ST STREET APT 6319 NORTH MIAMI BEACH FL 33179		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000056383</b> <b>02/19/04-80018-007 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENASSE, JULIETO 1201 NE 191 ST APT6319 MIAMI FL 33179		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>Feb 17-2004</b> Daytime Phone #: <b>305 9454119</b>		