



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000002357 1. Entity Name ASCOT INTERNATIONAL INVEST, INC.			
Principal Place of Business 280 SE 11TH ST POMPANO BCH, FL 33060 US		Mailing Address PO BOX 70066 FT LAUDERDALE, FL 33307 US	
DO NOT WRITE IN THIS SPACE			
		 02192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0547644 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERT, LOUISE 280 SE 11TH ST POMPANO BCH, FL 33060		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHEUBLE, ALWIN J TRUBEGUETLIWEG 12 NEUHAUSEN, SW 8212		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, LOUISE 280 SE 11TH ST POMPANO BCH, FL 33060		
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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: <u>Louise Albert Sec. Louise Albert</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/23/04</u> (954) 788-9585 Daytime Phone #	