## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 27, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9500000897 NTERNATIONAL, INC.	2			Sec	cretary of Stat	
Principal Place of Business Mailing Address  9011 GARDENS GLEN CIRCLE 9011 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418-4536 PALM BEACH GARDENS, FL 33418-4536							
				04202005 No Chg-P CR2E034 (10/03)			
	O NOT WRITE II	Land State	4. FEI Number   Applied For   65-0555103   Not Applicable   C9 75 Additional   C9 75 Addi				
6. Name and Address of Current Registered Agent			1	5. Certificate of S	itatus Desired	Fee Required	
ZAMBRANO, GABRIEL 9011 GARDENS GLEÑ CIRCLE PALM BEACH GARDENS, FL 33418-4536			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 approache.  [NOTE: Registered Agent signature (equired when renspiriting)]  CATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANO, GABRIEL 9011 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-2IP	VP ZAMBRANO, LIGIO 9011 GARDÉNS GLEN CIRCLE PALM BEACH GARDENS, FL 33418	V0000033\$204 04/27/05-80073-023 150.00					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Total Schwarz 200	*		IN Th	IIS SPA	CE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		ē				i di marilia a dan da	
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exe and accurate and that my signal to execute this report as require other like empowered.	mption stated in Se ture shall have the reo by Chapter 607	ection 119.07(3)(i), Fi same legal effect as 7, Florida Statutes, ar	lorida Statules, I furt if made under oath; nd that my name ap	ther certify that the information; that I am an officer or director pears in Block 10 or Block 11 if	