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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P95000012434 1. Entity Name 04-16-2004 90127 035 \*\*\*150 00 FATU-HIVA INTERNATIONAL, INC. Principal Place of Business Mailing Address 4280 GROVEWOOD LN 4280 GROVEWOOD LN TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3311787 Not Applicable Zip Country 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 Name. \_\_\_ DARIAS, VOCTOR M Street Address (P.O. Box Number is Not Acceptable) 4280 GROVEWOOD LN TITUSVILLE FL 32780 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** Signature, typed or printed name of registered agent and title if applicable (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 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSD** TITLE TITLE ☐ Delete ☐ Addition DARIAS, VICTOR M SR NAME NAME STREET ADDRESS 4280 GROVEWOOD LN STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DARIAS, EMILIA D. NAME MARKE STREET ADDRESS 4280 GROVEWOOD LN STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete Addition DARIAS, DANIEL V.-NAME DARIAS, DANIEL V NAME 131 CARIBBEAN ST. - B-6 STREET ADDRESS STREET ADDRESS LOS COCEDEROS, 14 CITY-ST-ZIP CITY-ST-ZIP DELTONA, PUNTA MUSERES, LAS PALMAS SP 35540 TITLE ☐ Delete TITLE ☐ Addition DARIAS, VICTOR M JR NAME 9 SANTA ROSA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RYDE, MSW AUSTRALIA 2112 CITY-ST-ZIP MBLE, NSW 20/3-MUSTRAL TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 sustee 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 exploywered.

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