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Apr 22, 2005 8:00 am
Secretary of State
03-21-2005 90088 008 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P95000086001

1. Entity Name
PRUDENTIAL INTERNATIONAL INC.

66012308

Principal Place of Business	Mailing Address
12319 N.W. 77 MANOR CORAL SPRINGS, FL 33076	PO BOX 821405 SOUTH FLORIDA, FL 33082-1405

02232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
12319 N.W 77 Manor			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PARKLAND, FLORIDA		City & State	
Zip: 33082	Country: U.S.A	Zip	Country

4. FEI Number: 65-0640352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DONALD
12319 N.W. 77 MANOR
PAKLAND, FL 33076

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P SMITH, DONALD 12319 N.W. 77 MANOR POMPANO BEACH, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JODI PO BOX 821405 NA S. FL., FL 330821405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4. 18. 05.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #