

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096755

FILED
Apr 29, 2005
Secretary of State

Entity Name: INFINITY2 INTERNATIONAL, INC.

Current Principal Place of Business:

10050 NORTHWEST 137TH STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

15476 NW 77TH COURT
PMB412
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 65-0627878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARIA B
10050 NORTHWEST 137TH STREET
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GARCIA, MARIA B
Address: 10050 NORTHWEST 137TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VSD () Delete
Name: GARCIA, MARIA B
Address: 10050 NORTHWEST 137TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA B GARCIA

PT

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date