


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90222 039 ***158.75

DOCUMENT # P96000048688	
1. Entity Name INTERNATIONAL TRANSFERS, INC.	

Principal Place of Business 4455 NW 73 AVE MIAMI, FL 33166 US	Mailing Address P.O. BOX 660103 MIAMI, FL 33177 US
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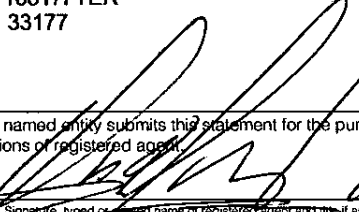
2. Principal Place of Business 4615 NW 72 AVE	3. Mailing Address
Suite, Apt. #, etc. 106	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33166	Country USA



04172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0696043		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
MEMBRENO, OSCAR 14431 SW 168TH TER MIAMI, FL 33177		
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.

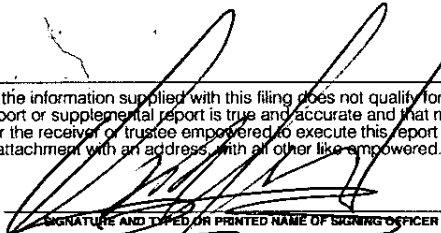
SIGNATURE:  **OSCAR MEMBRENO - PRESIDENT** DATE: **4/19/04**

Signature, typed or printed name of registered agent and the fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEMBRENO, OSCAR 14431 SW 168TH TER MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEMBRENO, DULCE 14431 SW 168TH TER MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **OSCAR MEMBRENO - PRESIDENT** DATE: **4/19/04** 786 553-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR