2004 FOR PROFIT CORPORATION

FILED Mar 05, 2004 08:00 AM

ANNUAL KEPUKI					Secretary of Stat		
DOCUMENT # P96000080229 1. Entity Name PANSKY INTERNATIONAL, INC.						ceretary or state	
PANSKY	INTERNATIONAL, INC.						
Principal Plac 280 SE 11Ti		Mailing Address P.O. BOX 70066					
	CH, FL 33060 US	FT LAUDERDALE, FL 33307	US	5 (mm)/(mm) :	10 19179 BUIS 98111 98111 SÉTIF	: 國際課題: 2011年 新春日本 計畫社会 計畫社会 2021日本で 22 (首新)	
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DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 65-069		Applied For Not Applicable	
	4	and the second s	<u>, , , , , , , , , , , , , , , , , , , </u>	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						•	
ALBERT, LOUISE 280 SE 11TH ST POMPANO BEACH, FL 33060			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 tatle if applicable (NOTE: Registered Agent signature required when recistating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					-		
THTLE	PDT						
NAME STREET ADDRESS	FONTANA, FRANCESO R P O BOX 70066				ŲQQQQQ	1077878 -80004-004 150.00	
Chiy-Si-219	FT LAUDERDALE, FL 33307		1		03/08/04-	-80004-004 150.00	
TITLE	VD		1				
NAME	FONTANA-KAELIN, DORIS A						
STREET ADDRESS CITY-ST-ZIP	F O BOX 70066 FT LAUDERDALE, FL 33307						
TITLE	S		1				
NAME STREET ADDRESS	ALBERT, LOUISE 280 SE 11TH ST	•					
City-ST-ZiP	POMPANO BEACH, FL 33060	·		DO	NOT W	HIIE	
THE				IN	THIS SP	PACE	
NAME			l	151			
STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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 of business 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.

TOLE NAME STREET ADDRESS CITY-SI-ZE

NAME STREET AUDRESS CITY-ST-ZIP

SIGNATURE: