


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000080229  
1. Entity Name  
PANSKY INTERNATIONAL, INC.



Principal Place of Business      Mailing Address  
280 SE 11TH STREET      P.O. BOX 70066  
POMPANO BCH, FL 33060 US      FT LAUDERDALE, FL 33307 US

**DO NOT WRITE IN THIS SPACE**



03012004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0694266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ALBERT, LOUISE  
280 SE 11TH ST  
POMPANO BEACH, FL 33060

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FONTANA, FRANCESCO R P O BOX 70066 FT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTANA-KAELIN, DORIS A P O BOX 70066 FT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBERT, LOUISE 280 SE 11TH ST POMPANO BEACH, FL 33060
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1000000077878  
03/08/04-80004-004 150.00

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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: Louise Albert    Louise Albert Sec.    3/1/04    (954) 788-9585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #