2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: >

MGNATURE AND TYPED OR PRINTED NAME OF

## FILED Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P96000088245 1. Entity Name CYPRESS INTERNATIONAL CORP. Principal Place of Business Mailing Address 623 E. ATLANTIC BLVD. SUITE 6054 POMPANO BEACH FL 33060 623 E. ATLANTIC BLVD. SUITE 6054 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0701922 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CYPRESS INT STEVE HIRSCH Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 230 S CYPRESS RD #6054 POMPANO BEACH FL 33060 Zio 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** THLE ☐ Addition Delete ☐ Change U00000291725 04/07/05-80038-023 150.00 HIRSCH, STEVE NAME NAME 230 SOUTH CYPRESS ROAD, SUITE 6054 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP POMPANO BEACH FL 33060 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition THILE ☐ Delete DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CHY-ST-7P Artillia TITLE TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 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 peportris 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

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