


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90195 026 \*\*\*150.00

<b>DOCUMENT # P97000040352</b>		
1. Entity Name <b>INTER-GLOBAL INVESTMENTS, INC.</b>		

Principal Place of Business <b>1000 BRICKELL AVE, SUITE 900 MIAMI FL 33131</b>	Mailing Address <b>P.O. BOX 403624 MIAMI BCH. FL 33140</b>
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2. Principal Place of Business <b>999 BRICKELL AVENUE</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 600</b>	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State
Zip <b>33131</b>	Country <b>U.S.A.</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>HELLMAN, MAYNARD 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134</b>	
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4. FEI Number <b>65-0767758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>A. SUAREZ (A. SUAREZ)</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1000 BRICKELL AVE.</b>	
Suite <b>SUITE 900</b>	
City <b>MIAMI</b>	FL Zip Code <b>33131</b>

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 <i>[Signature]</i> <b>(A. SUAREZ)</b>	DATE <b>4/29/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOW, JAMES <del>2666 TIGERTAIL AVE 104</del> <del>COCONUT GROVE FL 33133</del> <i>See new address on right</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EP CHOW, JAMES 999 BRICKELL AVENUE, SUITE 600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>James Chow</i> <b>(JAMES CHOW)</b>	Date <b>4/26/04</b>	Daytime Phone # <b>(305) 810-2898</b>
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