2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)				Apr 15, 2004 8:00 am	
1. Entity Nam	MENT # P980000152 NTERNATIONAL, INC.	29		Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90028 009 ***150.00	
Principal Plac	on of Business	Mailing Address	- Weise	\dashv	
Principal Place of Business 1750 W. 46TH STREET, #406 HIALEAH FL 33012-2849		1750 W. 46TH STREET HIALEAH FL 33012-28			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>	MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 65-0812689 Applied For Not Applicable	
Zip	Country	Zip	Country	S. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
	<u></u>		Name .		
DE OLIVEIRA, ANTONIO 1750 W. 46TH STREET, #406 HIALEAH FL 33012-2849			Street Addres	s (P.O. Box Number is Not Acceptable)	
1110	LLATT L 33012-2043		City	Tie Code	
			City	FL Zip Code	
Afte	Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of		E: Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
SERVICE SERVICES	的。在1911年,1月1日中国中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	e agregation of solicit		ADDITIONS OF INNESS TO OFFICERS AND DIDECTORS IN 44	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA ROSA, MIGUEL A 1750 W. 46TH STREET, #406 HIALEAH FL 33012-2849	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELLA ROSA, VIOLETTA S 1750 W. 46TH STREET, #406 HIALEAH FL 33012-2849	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE OLIVEIRA, ANTONIO 1750 W. 46TH STREET, #406 HIALEAH FL 33012-2849	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	· · · · 	☐ Delete	TITLE	☐ Change ☐ 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #