
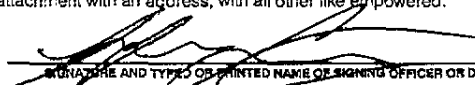


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000073980																																										
1. Entity Name NAPLES INTERNATIONAL, INC.																																										
Principal Place of Business 1701 E ATLANTIC BLVD STE 2 POMPANO BEACH, FL 33060	Mailing Address 1701 E ATLANTIC BLVD STE 2 POMPANO BEACH, FL 33060																																									
DO NOT WRITE IN THIS SPACE																																										
		04062004 No Chg-P CR2E034 (10/03)																																								
4. FEI Number 65-0881248		Applied For <input type="checkbox"/> Not Applicable																																								
5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent SPINA, GIORGIO 1701 E ATLANTIC BLVD STE 2 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
		000000136983 04/28/04-80101-025 150.00																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>DP</td></tr><tr><td>NAME</td><td>SPINA, GIORGIO</td></tr><tr><td>STREET ADDRESS</td><td>1701 E ATLANTIC BLVD STE 2</td></tr><tr><td>CITY-STATE-ZIP</td><td>POMPANO BEACH, FL 33060</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>			TITLE	DP	NAME	SPINA, GIORGIO	STREET ADDRESS	1701 E ATLANTIC BLVD STE 2	CITY-STATE-ZIP	POMPANO BEACH, FL 33060	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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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)(f), 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:  4/19/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <small>Anytime Phone #</small>																																										