

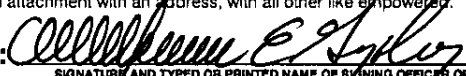


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000003153</b> 1. Entity Name <b>ACCOUNTING INTERNATIONAL CORP.</b>					
Principal Place of Business <b>1452 N. KROME AVENUE SUITE 102-F FLORIDA CITY, FL 33034</b>			Mailing Address <b>1452 N. KROME AVENUE SUITE 102-F FLORIDA CITY, FL 33034</b>		
2. Principal Place of Business <b>1452 N. KROME AVE</b> Suite, Apt. #, etc. <b># 102B</b>		3. Mailing Address <b>1452 N. KROME AVE</b> Suite, Apt. #, etc. <b># 102B</b>		<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">04 AUG 30 AM 10:44</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
City & State <b>Florida City FL</b>		City & State <b>Florida City FL</b>		4. FEI Number <b>65-0888075</b>	
Zip <b>33034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GONZALEZ, MIRIAM E 10131 SW 154 CIRCLE CT. 107 MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, NICOLAS 1452 N. KROME AVENUE FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MIRIAM 1452 N. KROME AVE #102B Florida City FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, NICOLAS 1452 N. KROME AVENUE FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D NIELSEN, Rick 1452 N. KROME AVE #102B Florida City FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, NICOLAS 1452 N. KROME AVENUE FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, NICOLAS 1452 N. KROME AVENUE FLORIDA CITY, FL 33034	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-25-04 305-245-9055 <small>Date Daytime Phone #</small>	

MIRIAM E. GONZALEZ