2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023097

1. Entity Name
FOCUS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3230 N.E 12TH AVE OAKLAND PARK, FL 33334 US	3230 N.E 12TH AVE OAKLAND PARK, FL 33334 US

DO NOT WRITE IN THIS SPACE

01212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0899364	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURKSOY, ULFET
3230 NE 12TH AVE
OAKLAND PARK, FL 33334

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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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TURKSOY, ULFET
STREET ADDRESS	3230 NE 12TH AVE
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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01/26/04-80041-004 150.00

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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: _____ ULFET TURKSOY   09/21/04   954-630-3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #