2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

ANNOAL REPORT					Secretary of State				
1. Entity Name	MENT # P990000346 E INTERNATIONAL INVEST			30	eci eta	ny or St	att		
		·							
		Maning Address 7800 W. OAKLAND PARK BLVI BLDG G SUNRISE, FL 33351						II.	
					i 1 8 11. 18 111 48 114 8 1			! }	
ח	O NOT WRITE	CF	04102005	No Chg-P	CR2E0	34 (10/03)			
				4. FEI Numbe 65-092			Applied F Not Applied		
 				[of Status Desired	LJ	\$8.75 Additional Fee Required	7.0000.0	
	6. Name and Address of Current R	egistered Agent	- { ;			*** 214 , , 2	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 ob \$55	
BRAULT, MICHAEL CPA 7800 W. OAKLAND PARK BLVD BLDG 'G'					NOT W				
SUNRISE,	FL 33351	·		IN I	THIS SI	PACE	•		
	named entity submits this statement for tions of registered agent	he purpose of changing Its registe	red office or register	red agent, or bot	th, In the State of F	lorida, i am f	amiliar with, and ac	cept	
SIGNATURE_	Signature, typed or printed name of registered agent an	ed Agent signature required	t when remarating)		DATE		-		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	ncing \$5.	.00 May Be led to Fees					
10.	OFFICERS AND D	IRECTORS	4	**** *** \$0 (\$0.20 °) * ***	1414,406 J. W. H.	Barra Magaring		2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATTES_JEAN-CLAUDE 7800 W. OAKLAND PARK BLVD - SUNRISE, FL 33351	UNIT G		olikarista, saada ee	ַטַסָסַסַטַ	034258	2		
TITLE NAME STREET ADDRESS City-St-Zip				er – Michigan er Sø		-80060	-013 150.0	U	
TITLE NAME STREET ADDRESS					NOT W	/DITE			
CITY-ST-ZIP	<u> </u>		. , ., .		NOT W				
NAME STREET ADDRESS CITY-ST-ZIP		v.		IN	THIS SI	PACE	<u>.</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·						 _S eces	
NAME STREET ADDRESS			The second second second	ma (de elación)	er er i Men i sudu		and the same	रिखीक	

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 supplementar seport 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 of the receiver or trust the 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

JEAN CLAYOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: