


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 014 ***150.00

DOCUMENT # P99000058107 1. Entity Name IMEXPHARMA INTERNATIONAL CORP.					
Principal Place of Business 924 BELLE MEADE IS DR MIAMI, FL 33138 US			Mailing Address 924 BELLE MEADE IS DR MIAMI, FL 33138 US		
2. Principal Place of Business 20925 NE 31 PL Suite, Apt. #, etc.			3. Mailing Address 20925 NE 31 PL Suite, Apt. #, etc.		
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 65-0929559	
Zip 33180		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESQ. TWO SOUTH BOSCAINE BOULEVARD ONE BISCAYNE TOWER, SUITE 2975 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name CHRISTINE BALAVOINE Street Address (P.O. Box Number is Not Acceptable) 20925 NE 31 PL City AVENTURA FL Zip Code 33180	
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 <u>Christine Balavoine</u> CHRISTINE BALAVOINE <u>4/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALAVOINE, PHILLIPE CARRERA 44 #20-73 DE BOGOTA, COLUMBIA, santa fe	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALAVOINE, CHRISTINE 4201 COLLINS AVE APT #2203 MIAMI, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALAVOINE, DIANE 19720 EAST COUNTRY CLUB DR AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALAVOINE, JEAN CARRERA 44#20-73 DE BOGOTA, COLUMBIA, santa fe	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Christine Balavoine</u> CHRISTINE BALAVOINE <u>4/8/04</u> <u>3057059092</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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