2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065932

Entity Name: SAN JUAN INTERNATIONAL, INC.

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2200 S. DIXIE HWY. 100 NORTH BISCAYNE BLVD

SUITE #2302 STE. 704 COCONUT GROVE, FL 33133 MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

2200 S. DIXIE HWY. 100 NORTH BISCAYNE BLVD

STE. 704 SUITE #2302 COCONUT GROVE, FL 33133 MIAMI, FL 33132

FEI Number: 65-0996137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHANCE, SANDRA CHANCE, SANDRA 100 NORTH BISCAYNE BLVD 220 S. DIXIE HWY.

STE. 704 SUITE #2302 COCONUT GROVE, FL 33133 US MIAMI, FL 33132 US

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.

SIGNATURE: 03/02/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ACEDVEDO, SEGUNDO ACEVEDO, SEGUNDO Name: Name:

2200 S. DIXIE HWY., STE. 704 100 NORTH BISCAYNE BLVD #2302 Address: Address:

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33132

Title: PD (X) Change () Addition Title: () Delete

CHANCE, WILLIAM Name: Name: CHANCE, WILLIAM

2200 S. DIXIE HWY., STE. 704 100 NORTH BISCAYNE BLVD #2302 Address: Address: MIAMI, FL 33132

COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition SD SD CHANCE, SANDRA CHANCE, SANDRA Name: Name:

2200 S. DIXIE HWY., STE. 704 Address: Address:

100 NORTH BISCAYNE BLVD #2302

City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: WILLIAM CHANCE 03/02/2004