

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90026 036 ***150.00

DOCUMENT # S07121

1. Entity Name

POUND INTERNATIONAL CORPORATION



Principal Place of Business

1221 BRICKELL AVE.
 STE 1480
 MIAMI FL 33131
 US

Mailing Address

1221 BRICKELL AVE.
 STE 1500
 MIAMI FL 33131
 US

04001100



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2609843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RACKLIN, DAVID V. | |
| STREET ADDRESS | 1221 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RACKLIN, TONI R. | |
| STREET ADDRESS | 1221 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RACKLIN, NICOLE D. | |
| STREET ADDRESS | 1221 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PUERTO, DANA CRIBBS | |
| STREET ADDRESS | 1221 BRICKELL AVENUE | |
| CITY-ST-ZIP | MAIMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Dana C. Puerto, V.P.*

4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #