


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # S11561
 1. Entity Name
SON TRUST INTERNATIONAL INVESTMENT CORPORATION



Principal Place of Business 525 N.W. 27TH AVENUE SUITE 105 MIAMI, FL 33125-3085 US	Mailing Address 525 N.W. 27TH AVENUE SUITE 105 MIAMI, FL 33125-3085 US
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03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0227191	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA-RUBIO, MANUEL J.
 9630 SW 9 TERR
 MIAMI, FL 33174

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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 _____
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

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

000000095018
 03/24/04-80015-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, EDUARDO 525 NW 27TH AVENUE, #105 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHOCANO, JOSE J. ALEJANDRO DAUSTUA 159 MIRAFLORES LIMA PERU,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA-RUBIO, MANUEL J. 9630 SW 9 TER MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Eduardo Garcia* 03-22-2004 (305) 270-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #