## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

## Apr 05, 2004 08:00 AM Secretary of State **DOCUMENT # S29781** 1. Entity Name FG INTERNATIONAL INC. Principal Place of Business Mailing Address 9858 GLADES RD 10926 NO. DANBURY WAY BOCA RATON, FL 33498 PMB 222 BOCA RATON, FL 33434 03312004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0243645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEIGHTON, RONA DO NOT WRITE 10926 NO. DANBURY WAY BOCA RATON, FL 33498 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaton Financino \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITI F LEIGHTON, RONA NAME N000000103032 10926 NO. DANBURY WAY STREET ADDRESS 04/05/04-80040-005 150.00 CITY-ST-ZIP BOCA RATON, FL THILE NAME STREET ADDRESS CITY-ST-ZIP HILE MARAT STREET ADDRESS DO NOT WRITE CHY-57-20P IN THIS SPACE 73TLE STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**