2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45856

Entity Name: BUSINESSHIP INTERNATIONAL, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ONE ALHAMBRA PLAZA, SUITE 1400 540 BRICKELL KEY DRIVE CORAL GABLES, FL 33134

1601

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

ONE ALHAMBRA PLAZA, SUITE 1400 540 BRICKELL KEY DRIVE

CORAL GABLES, FL 33134 1601

MIAMI, FL 33131

FEI Number: 65-0291234 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:

EHRHART, LORRAINE C EHRHART, LORRAINE C ONE ALHAMBRA PLAZA 540 BRICKELL KEY DRIVE **SUITE 1400** SUITE 1601

CORAL GABLES, FL 33134 US MIAMI, FL 33131 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: 04/27/2004

> 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

ASHEMIMRY, NASIR M ASHEMIMRY, NASIR M Name: Name:

ONE ALHAMBRA PLAZA, SUITE 1400 540 BRICKELL KEY DRIVE, SUITE 1601 Address: Address:

MIAMI, FL 33131 US City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip:

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

ASHEMIMRY, NASIR M ASHEMIMRY, NASIR M Name: Name:

ONE ALHAMBRA PLAZA, SUITE 1400 540 BRICKELL KEY DRIVE, SUITE 1601 Address: Address:

CORAL GABLES, FL 33134 US MIAMI, FL 33131 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete ASHEMIMRY, NASIR M Name: ASHEMIMRY, NASIR M Name:

540 BRICKELL KEY DRIVE, SUITE 1601 ONE ALHAMBRA PLAZA, SUITE 1400 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: MIAMI, FL 33131 US

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.

SIGNATURE: NASIR M. ASHEMIMRY **DPS** 04/27/2004