2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2005 08:00 Al Secretary of State DOCUMENT # S81971 1. Entity Name SEFINTRA INTERNATIONAL, INC. Principal Place of Business Mailing Address 1178 NW 163 DR 1178 NW 163 DR MIAMI, FL 33169 MIAMI, FL 33169 04222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0295802 Not Applicable 38.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent RAYHILL, MICHAEL DO NOT WRITE 363 WASHINGTON AVENUE MIAMI BEACH, FL. 33139. 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. *U*00000028945 SIGNATURE. Signature typed or printed name of registered agent and tide it applicable (NOTE Pegistered Agent signature required when reinstating) S. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME RAYHILL, MICHAEL J. 363 WASHINGTON AVENUE STREET ADDRESS MIAMEBEACH, FL CITY-ST-ZIP TITLE NAME 300 water water STREET ADDRESS CITY-ST-ZIP والمالين فينطيفها nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP