2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 034 ***150.00

DOCUMENT # S82301

1. Entity Name
FIRST INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
4501 N. TAMIAMI TRAIL SUITE 420 NAPLES, FL 34103	4501 N. TAMIAMI TRAIL SUITE 420 NAPLES, FL 34103

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5129 CASTELLO DRIVE		5129 CASTELLO DRIVE	
Suite, Apt. #, etc.: SUITE 3		Suite, Apt. #, etc.: SUITE 3	
City & State: NAPLES, FL.		City & State: NAPLES, FL.	
Zip: 34103	Country: USA	Zip: 34103	Country: USA

4. FEI Number 65-0286580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODLETTE, J. DUDLEY ESQ.
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SLATER, PAUL		NAME	
STREET ADDRESS	4501 N TAMIAMI TR., #420		STREET ADDRESS	5129 CASTELLO DR. SUITE 3
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL. 34103
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SLATER, BARBARA		NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL N/ SUITE 420		STREET ADDRESS	5129 CASTELLO DR. SUITE 3
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL. 34103
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ______ 4/20/04 239-263-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #