


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V25392 1. Entity Name INTERNATIONAL HIGH TECH COMMUNICATION INC.	
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Principal Place of Business 8709 N.W. 189 TERR. MIAMI, FL 33018	Mailing Address 8709 N.W. 189 TERR. MIAMI, FL 33018
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0322938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OEHLERS, HAROLD
8709 N.W. 189 TERRACE
MIAMI, FL 33018

**DO NOT WRITE
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 _____ (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

U00000114214
04/15/04-80040-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OEHLERS, HAROLD OSCAR 8709 NW 189 TERR. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OEHLERS, LILLIAN M. 8709 NW 189 TERR. MIAMI, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: HAROLD OEHLERS  4/12/04 (305) 829-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #