

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90140 032 ***158.75

DOCUMENT # V53949

1. Entity Name
CONNIE INTERNATIONAL, INC.



Principal Place of Business
**1301 CHINABERRY DR
WESTON FL 33327
US**

Mailing Address
**1301 CHINABERRY DR
WESTON FL 33327
US**

60002000



2. Principal Place of Business
1004 Golden Cane Dr.
Suite, Apt. #, etc.

3. Mailing Address
1004 Golden Cane Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Weston, FLORIDA

City & State
Weston, FLORIDA

4. FEI Number
65-0350892

Applied For
 Not Applicable

Zip
33327 Country
U.S.A.

Zip
33327 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLEGO, ANIBAL
1004 GOLDEN CANE DRIVE
WESTON FL 33327**

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]* DATE **04-21-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORREA, AMBROSIO 1004 GOLDEN CANE DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMOS, CONSTANZA 1004 GOLDEN CANE DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLEGO, ANIBAL 1004 GOLDEN CANE DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLEGO, EUGENIA 1004 GOLDEN CANE DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: *[Signature]* DATE **04-21-03** DAYTIME PHONE # **354-3893881**

CR2E034 (10/02)