


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V64164</b> 1. Entity Name FLECHA INTERNATIONAL, INC.	
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Principal Place of Business C/O ROBERT HENRY, P.A. 8411 W. OAKLAND PARK BLVD., STE. 201 SUNRISE, FL 33351	Mailing Address C/O ROBERT HENRY, P.A. 8411 W. OAKLAND PARK BLVD., STE. 201 SUNRISE, FL 33351
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03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0517233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HENRY, ROBERT A 8411 W. OAKLAND PARK BLVD., STE. 201 SUNRISE, FL 33351
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

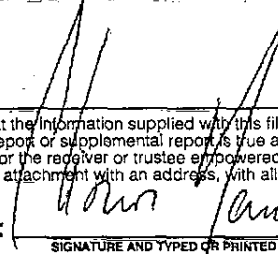
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000277218 03/26/05-80021-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCANO GIL, ELIO S 20281 E. COUNTRY CLUB PH-12 NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>ELIO S. MARCANO GIL</b>	Date <b>3/25/05</b>	Daytime Phone # <b>(974) 483 3691</b>
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