


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90019 047 ***150.00


DOCUMENT # P03000053362 1. Entity Name INTERNATIONAL INVESTING, INC.	
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Principal Place of Business 7003 S.W. 162 PATH MIAMI, FL 33193	Mailing Address 7003 S.W. 162 PATH MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROSELL, CARLOS A 7003 S.W. 162 PATH MIAMI, FL 33193
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40032407



05072006 No Chg-P CR2E034 (11/05)

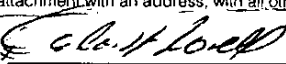
4. FEI Number 56-2356749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSELL, CARLOS A 7003 S.W. 162 PATH MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSELL, MIREYA 7003 S.W. 162 PATH MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <u>Carlos A Rosell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>05-11-06 (305)</u> 525-3443 <small>Daytime Phone #</small>