


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90490 001 ***300.00

DOCUMENT # P94000084967

1. Entity Name
GENERAL BRANDS INTERNATIONAL CORP.



Principal Place of Business
P.O. BOX 310215
MIAMI, FL 33231 US

Mailing Address
P.O. BOX 310215
MIAMI, FL 33231 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1111 BRICKELL AVE
Suite, Apt. #, etc.
11TH FLOOR
City & State
MIAMI, FL.
Zip
33131 Country
USA

3. Mailing Address
1111 BRICKELL AVE
Suite, Apt. #, etc.
11TH FLOOR
City & State
MIAMI, FL.
Zip
33131 Country
USA

4. FEI Number
65-0536782 Applied For
 Not Applicable

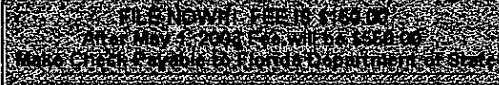
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
TOMASINO, FRANK M
1111 BRICKELL AVEN
STE 1100
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
FRANK TOMASINO
Street Address (P.O. Box Number is Not Acceptable)
1111 BRICKELL AVE.
11TH FLOOR
City
MIAMI FL Zip Code
33131

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 *Frank Tomasi* **3/10/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when missing) DATE



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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TOMASINO, FRANK	1111 BRICKELL AVEN STE 1100	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Frank Tomasi* **3/10/03** **305**
Signature and typed or printed name of signing officer or director Date City/State Phone #
533-1126

CR2E034 (10/02)