

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157780

FILED  
Feb 15, 2010  
Secretary of State

Entity Name: FLORIDA INTERNATIONAL FIRM, INC.

**Current Principal Place of Business:**

10691 NORTH KENDALL DRIVE  
SUITE 209  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

10691 NORTH KENDALL DRIVE  
SUITE 209  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 04-3835572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REAL SOLUTIONS BUSINESS SERVICES, INC.  
10691 NORTH KENDALL DRIVE  
SUITE 209  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURNEO, SILVIO R  
Address: 9745 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33165 US

Title: TR  
Name: MACEDO, ROSA A  
Address: 9745 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33165 US

Title: S  
Name: BARRIGA, LUIS E  
Address: 9745 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33165 US

Title: D  
Name: BURNEO, MARCO A  
Address: 9745 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33165 US

Title: D  
Name: SOULE, KARLA A  
Address: 9745 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33165 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVIO BURNEO

P

02/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date