2006 FOR PROFIT CORPORATION

May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000060600 4-C INTERNATIONAL, INC. Mailing Address Principal Place of Business 7305 124 AVENUE NORTH 7305 124 AVENUE NORTH LARGO, FL 33773 LARGO, FL 33773 04122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0600200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CARRODEGUAS, VINCENT 2121 PONCE DE LEON BOULEVARD **SUITE 1100** IN THIS SPACE CORAL GABLES, FL 33134 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 egent. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CARROSSO, MIQUEL A 7305 124 AVENUE NORTH STREET ADDRESS LARGO, FL 33773 CITY-ST-289 U00000543924 TITLE 05/11/06-80015-003 150.00 CARROSSO, MARIA I NAME 7305 124 AVENUE NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DFLE NAME

12. I hereby certify that the Information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED