

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000060600

**Entity Name:** 4-C INTERNATIONAL, INC.

**Current Principal Place of Business:**

2313 DESTINY WAY  
ODESSA, FL 33556

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC5563832019**

**Current Mailing Address:**

P.O. BOX 991  
ODESSA, FL 33556

**FEI Number:** 65-0600200

**Certificate of Status Desired:** No

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

CARRODEGUAS, VINCENT  
2121 PONCE DE LEON BOULEVARD  
SUITE 1100  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title           PTD  
Name           CARROSSO, MIGUEL A  
Address        2313 DESTINY WAY  
City-State-Zip: ODESSA FL 33556

Title           D  
Name           CARROSSO, MARIA I  
Address        2313 DESTINY WAY  
City-State-Zip: ODESSA FL 33556

Title           D  
Name           CARROSSO, MARIA M  
Address        2313 DESTINY WAY  
City-State-Zip: ODESSA FL 33556

Title           O  
Name           CARROSSO, MARIA I  
Address        2313 DESTINY WAY  
City-State-Zip: ODESSA FL 33556

Title           O  
Name           CARROSSO, MARIA M  
Address        2313 DESTINY WAY  
City-State-Zip: ODESSA FL 33556

*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:** MARIA CARROSSO

**OFFICER**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date