

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 538447

1. Entity Name
JOHN CASSIDY INTERNATIONAL, INC.



Principal Place of Business

**3680 N.W. 73RD ST.
MIAMI, FL 33147 US**

Mailing Address

**3680 N.W. 73 STREET
MIAMI, FL 33147**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1790932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASSIDY, JOHN H
3680 N.W. 73RD ST.
MIAMI, FL 33147**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000520908
05/02/06-80115-006.150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CASSIDY, PAUL F
STREET ADDRESS	4717 POLK ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	STD
NAME	COLLIER, MARTHA
STREET ADDRESS	11700 WATERBOND COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	CASSIDY, JOHN H
STREET ADDRESS	4811 ROOSEVELT ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	P
NAME	CASSIDY, JANE E
STREET ADDRESS	1200 N.W. 91 AV
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
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: MARTHA COLLIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

305-836-6282
XZS