

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G49945

FILED
Mar 31, 2009
Secretary of State

Entity Name: CARGIL INTERNATIONAL CORP.

Current Principal Place of Business:

6950 NW 77 CT
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6950 NW 77 CT
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-2379993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRALDO, LEYVA J
6950 NW 77 CT
MIAMI, FL 33166 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: PD () Delete
Name: LEYVA, GIRALDO
Address: 6950 NW 77 CT
City-St-Zip: MIAMI, FL 33166

Title: VSD () Delete
Name: LEYVA, GIRALDO J
Address: 6950 NW 77 CT
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: LEYVA, AURELIO
Address: 6950 NW 77 CT
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN DIAZ

AUD

03/31/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date