## 2007 FOR PROFIT CORPORATION → ANNUAL REPORT (AR)

## **FILED** Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # H03564 VANDERBILT INTERNATIONAL INC. Principal Place of Business Mailing Address 1475 NO. WEST 97 AVENUE MIAMI FL 33172-2819 1475 NO. WEST 97 AVENUE MIAMI FL 33172-2819 2. Principal Placo of Business - No P.O Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2403335 Not Applicable Zip Country Zıp Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CEDRON, ROLANDO Stroot Address (P.O. Box Number is Not Acceptable) 1475 NO. WEST 97 AVENUE, SUITE #103 MIAMI FL 33172 - 2819 City Zip Code 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 re-instating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD mu Addition THILE ☐ Change ☐ Delete CEDRON, ROLANDO NAME NAME U00000708852 10704 SOUTHWEST 59TH TER STREET ADDRESS 04/24/07-80128-022 150.00 MIAMI FL 33172-2819 CHY-S1-ZiP CHY-SI-7IP mu Delete □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHTY-ST-ZIP пип ☐ Delete Change ■ Addition TIDE NAME NAMI STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CHY-ST-71P ☐ Addition ☐ Delete NAM: NAME STOLET ADDRESS STREET ADDRESS CHY-ST-7IP CI[Y-S]-ZIP ☐ Delete ☐ Addition HILE Change NAMI NAME' STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-/IP THIE TOLE: [ ] Change Addition ☐ Delete NAMI NAME STREET ADDRESS STRLET ADDRESS CHY-ST-ZIP CITY-SI-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 attackment with an address, with all other like empowered.

SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Rolando Cedron, President

04/13/2007

(305) 592-3508