

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K68823

1. Entity Name

CORPORATE INVESTMENT INTERNATIONAL, INC.



06 MAR -9 PM 12: 16

SEVEN  
TALLAHASSEE, FLORIDA



Principal Place of Business

1999 WEST COLONIAL DRIVE  
ORLANDO FL 32804

Mailing Address

1999 WEST COLONIAL DRIVE  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2995815

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIGLIO-BENKIRAN, MICHELE  
1999 W. COLONIAL DR.  
#204  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Diglio - Benkiran, Michele

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
DIGLIO, CRESCENZO S  
1999 W. COLONIAL DR.  
ORLANDO FL 32804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
READ, RICHARD E.  
1999 W. COLONIAL DR.  
ORLANDO FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
600069064106  
03/30/06--01062--008 \*\*350.00

TITLE  
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12. I hereby certify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michele Diglio*

2/6/06 (407) 682-9600