

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 039 ***150.00

DOCUMENT # L87955 1. Entity Name DELFINO INTERNATIONAL INC.					
Principal Place of Business 314 N. FRANKLIN ST. SEBRING FL 33870			Mailing Address PO BOX 1988 FORT PIERCE FL 34954-1988		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORGEEST, ANNE R. 314 N. FRANKLIN ST SEBRING FL 33870			7. Name and Address of New Registered Agent Name _____ 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 <u><i>Detlev Borgeest</i></u> Pres. 1-29-08 Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reappointing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGEEST, DETLEV 1831 NE LAKEVIEW DR SEBRING FL 33870	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORGEEST, JANET R 1831 NE LAKEVIEW DR SEBRING FL 33870	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOTGEEST, RUEE R 1913 YORK CT FORT PIERCE FL 34982	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <u><i>Detlev Borgeest</i></u> Pres. 1-29-08 863 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 446-1002					