

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N99000007351

1. Entity Name
**CORAL SPRINGS INTERNATIONAL PARTNERSHIPS,
INC.**



Principal Place of Business
**9551 W SAMPLE ROAD
CORAL SPRINGS, FL 33065**

Mailing Address
**9551 W SAMPLE ROAD
CORAL SPRINGS, FL 33065**



02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997881	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**GOREN, SAMUEL S
3099 E COMMERCIAL BLVD STE 200
FT LAUDERDALE, FL 33308-4311**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUETOS, JOSE F
STREET ADDRESS	8820 ROYAL PALM BLVD SUITE 209
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	VP
NAME	LAM, TOMMY
STREET ADDRESS	11183 NW 69TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	S
NAME	GALINDO, MARTHA
STREET ADDRESS	10677 NW 48TH ST.
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	AT
NAME	CAMPOS, JOYCE
STREET ADDRESS	9551 WEST SAMPLE RD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80076-005 61.25

**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 617, 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]

V. President Tommy Lam

2/27/08

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