


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90061 012 \*\*\*150.00

<b>DOCUMENT # P02000015173</b> 1. Entity Name <b>CHERRY GROUND INTERNATIONAL, INC.</b>					
Principal Place of Business <b>7443 NW 57 ST TAMARAC, FL 33319</b>			Mailing Address <b>7443 NW 57 ST TAMARAC, FL 33319</b>		
2. Principal Place of Business - No P.O. Box # <b>550 NW 80 TER</b>		3. Mailing Address <b>550 NW 80 TER</b>			
Suite, Apt. #, etc. <b>BLD 65-204</b>		Suite, Apt. #, etc. <b>BLD 65-204</b>			
City & State <b>MARGATE FL</b>		City & State <b>MARGATE FL</b>			
Zip <b>33063</b>		Country <b>BROWARD</b>		Zip <b>33063</b>	
Country <b>BROWARD</b>		4. FEI Number <b>01-0642791</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HAGEN, MAX M ESQ HAGEN &amp; HAGEN, P.A. 3531 GRIFFIN ROAD FT. LAUDERDALE, FL 33312</b>					
7. Name and Address of New Registered Agent Name <b>GLENDINE BITTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>550 NW 80 TER BLD 65-204</b> City <b>MARGATE</b> <b>FL</b> Zip Code <b>33063</b>					
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>Glendine Bitter</i></u> <b>7/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	BITTER, GLENDINE				
STREET ADDRESS	7443 NW 57 ST				
CITY-ST-ZIP	TAMARAC, FL 33319				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BITTER, JOHN				
STREET ADDRESS	7443 NW 57 ST				
CITY-ST-ZIP	TAMARAC, FL 33319				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BITTER GLENDINE				
STREET ADDRESS	550 NW 80 TER BLD 65-204				
CITY-ST-ZIP	MARGATE FL 33063				
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BITTER JOHN				
STREET ADDRESS	550 NW 80 TER BLD 65-204				
CITY-ST-ZIP	MARGATE FL 33063				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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>Glendine Bitter</i></u> <b>VPD</b> <b>7/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					