

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043169

FILED
Apr 16, 2009
Secretary of State

Entity Name: ANNETTE INTERNATIONAL CORPORATION

Current Principal Place of Business:

193 N. SHORE DRIVE
605
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

193 N. SHORE DRIVE
605
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 01-0691329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODBIDGE, FREDERICK JR.
701 BRICKELL AVENUE
#1650
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGER, LEOPOLDO L
Address: 193 N. SHORE DRIVE
City-St-Zip: MIAMI, FL 33141

Title: VP () Delete
Name: SINGER, SHARON
Address: 193 N. SHORE DRIVE
City-St-Zip: MIAMI, FL 33141

Title: VP () Delete
Name: SINGER, ELIAS
Address: 193 N. SHORE DRIVE
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SINGER, SHARON
Address: 193 N. SHORE DRIVE # 605
City-St-Zip: MIAMI, FL 33141

Title: VP (X) Change () Addition
Name: STEPHENSON, JAMES H
Address: 193 N. SHORE DRIVE # 605
City-St-Zip: MIAMI, FL 33141

Title: VP (X) Change () Addition
Name: COHEN, VIVIAN
Address: 193 N. SHORE DRIVE # 605
City-St-Zip: MIAMI, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SINGER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date