

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000028221

1. Entity Name
KERKYRA INTERNATIONAL CORP.



Principal Place of Business
**3530 MYSTIC POINTE DR
1208
AVENTURA, FL 33180 US**

Mailing Address
**CCS81481, P.O. BOX 025323
MIAMI, FL 33102 US**



04232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0516303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMBIO-BONAZZI, ADRIANA E
3530 MYSTIC POINTE DR
1208
AVENTURA, FL 33180**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000535012
05/18/06-80034-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMBIO-BONAZZI, ADRIANA ESTER
STREET ADDRESS	3530 MYSTIC POINTE DR, #1208
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD
NAME	CAMBIO, ALESSANDRO V
STREET ADDRESS	C.C. SANTA MARTA LOCAL 6 - CHUAO
CITY-ST-ZIP	CARACAS 1061 VENEZUELA.
TITLE	SD
NAME	BONAZZI, ANNA
STREET ADDRESS	C.C. SANTA MARTA LOCAL 6 - CHUAO
CITY-ST-ZIP	CARACAS 1061 VENEZUELA.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Adriana Cambio

Date

Daytime Phone #

305-933.3997