

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036854

Entity Name: MCF INTERNATIONAL, CORP.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

7900 NW 68TH. STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7900 NW 68TH. STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0796595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABANA, CLAUDIA S
7900 NW 68TH. STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

SACCON, CLAUDIA S
7900 NW 68TH. STREET
MIAMI, FL 33166 US

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: SACCON, CLAUDIA S.

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CABANA, CLAUDIA S 40%
Address: 7900 NW 68TH. STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: CABANA, FEDERICO J 40%
Address: 7900 NW 68TH. STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: RUSSO SACCON, MARIANO G 10%
Address: 7900 NW 68TH. STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: CABANA, RICARDO R 10%
Address: 7900 NW 68TH. STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SACCON, CLAUDIA S 40%
Address: 7900 NW 68TH. STREET
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SACCON, CLAUDIA S.

P/D

04/26/2009

Electronic Signature of Signing Officer or Director

Date