

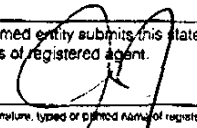
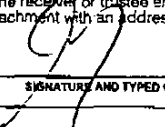
FROM :

FAX NO. :

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 013 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000141602 1. Entity Name ANC INTERNATIONAL CONSULTANTS, CORP.			
Principal Place of Business 3900 NW 79 AVENUE 431 MIAMI, FL 33166		Mailing Address 3900 NW 79 AVENUE 431 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 20810 NW 1 Street Suite, Apt. #, etc. Pembroke Pines, FL City & State		3. Mailing Address 20810 NW 1 St Suite, Apt. #, etc. Pembroke Pines FL City & State	
Zip 33029	Country USA	Zip 33029	Country USA
6. Name and Address of Current Registered Agent CABELLERO, NIDIA 3900 NW 79 AVENUE 431 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Nidia Caballero Street Address (P.O. Box Number is Not Acceptable) 20810 NW 1 Street City Pembroke Pines FL Zip Code 33029	
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  Nidia Caballero - President 1-24-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CABALLERO, NIDIA 3900 NW 79 AVE STE 431 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  Nidia Caballero President 01-24-08 754 4221883 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40014814



01222008 Chg-P CR2E034 (12/06)

 4. FEI Number
55-0890916

 Applied For
☐ Not Applicable

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