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.

400148144

01222008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3900 NW 79 AVENUE 431 MIAMI, FL 33166	3900 NW 79 AVENUE 431 MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
20810 NW 1 Street		20810 NW 1 St	
Suite, Apt. #, etc. Pembroke Pines, FL		Suite, Apt. #, etc.	
City & State		City & State Pembroke Pines FL	
Zip 33029	Country USA	Zip 33029	Country USA

4. FEI Number 56-0890916 — Applied For / Not Applicable

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

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) DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 - 01-24-08 754 422 1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #