

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90209 046 \*\*\*163.75

<b>DOCUMENT # P05000027892</b> 1. Entity Name <b>CSN INTERNATIONAL GROUP INC</b>					
Principal Place of Business <b>1100 CASTLE WOOD TERRANCE APT 102 CASSELBERRY, FL 32707</b>			Mailing Address <b>1100 CASTLE WOOD TERRANCE APT 102 CASSELBERRY, FL 32707</b>		
2. Principal Place of Business <b>1100 CASTLE WOOD TERRANCE</b> Suite, Apt. #, etc. <b>102</b>		3. Mailing Address <b>1100 CASTLE WOOD TERRANCE</b> Suite, Apt. #, etc. <b>102</b>			
City & State <b>Casselberry FL</b>		City & State <b>Casselberry FL</b>		4. FEI Number <b>20-2392285</b>	
Zip <b>32707</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AROCHA, OSCAR 1100 CASTLE WOODS TERRANCE 102 CASSELBERRY, FL 32707</b>			7. Name and Address of New Registered Agent Name <b>JUAN CARLOS JANSEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 CASTLE WOOD TERRANCE Suite 102</b> City <b>Casselberry</b> <b>FL</b> Zip Code <b>32707</b>		
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  <b>V.T.</b> DATE <b>04/23/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P S</b> <b>AROCHA, OSCAR</b> <input checked="" type="checkbox"/> Delete <b>1100 CASTLE WOODS TERRANCE APT 102</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P S</b> <b>SANJOA AROCHA, OSCAR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1100 CASTLE WOOD TERRANCE APT 102</b> <b>CASSELBERRY, FL 32707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V T</b> <input type="checkbox"/> Delete <b>JANSEN, JUAN CARLOS</b> <b>1100 CASTLE WOODS TERRANCE APT 102</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEL MONTE, IRENE G N</b> <b>879 NONE STONE RUN</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			04/23/06 407-383-5882		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		