2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027892

Entity Name: CSN INTERNATIONAL GROUP INC

FILED Mar 23, 2009 Secretary of State

O 1	nin sin sl Dlas	a of Duningson	Name Daine	single Plans of Pusings		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1100 CAS 102	TLEWOOD T	ERR				
CASSELB	BERRY, FL 32	707				
Current Mailing Address:			New Maili	New Mailing Address:		
1483 BARKING DEER COVE CASSELBERRY, FL 32707			977 ENGL	977 ENGLISH TOWN LN		
			201 WINTER S	201 WINTER SPRINGS, FL 32708		
FEI Number	: 20-2392285	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
CASSELB The above	KING DEER C BERRY, FL 32	707 US	purpose of changing	its registered office or registered agent, or both		
SIGNATU	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SANOJA, OSC	WOOD TERR SUITE 102	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	JANSEN, JUAN) Delete N CARLOS VT WOOD TERR SUITE 102 YY, FL 32707	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (ALTAGRACIA, 240 THERESA KISSSIMMEE,	N DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GUERRA, MARIA 977 ENGLISH TOWN LN SUITE 201 WINTRE SPRINGS, FL 32728		

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: JUAN JANSEN VT 03/23/2009