

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000039251**

1. Entity Name  
C.C.F. INTERNATIONAL, CORP.



Principal Place of Business  
15634 SW 100 TER.  
MIAMI, FL 33196

Mailing Address  
15634 SW 100 TER.  
MIAMI, FL 33196



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4515348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COLMENARES, ARMANDO C  
15634 SW 100 TER.  
MIAMI, FL 33196

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000221534

05/14/08-80074-013 150.00

**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**

TITLE PT  
NAME COLMENARES, ARMANDO C  
STREET ADDRESS 15634 SW 100 TER.  
CITY-ST-ZIP MIAMI, FL 33196

TITLE VS  
NAME PUERTO, CLAUDIA E  
STREET ADDRESS 15634 SW 100 TER.  
CITY-ST-ZIP MIAMI, FL 33196

TITLE D  
NAME COLMENARES, DIEGO L  
STREET ADDRESS 15634 SW 100 TER.  
CITY-ST-ZIP MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *X* **ARMANDO C. COLMENARES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/08  
Date

786-3333318  
Daytime Phone #