

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036804

Entity Name: AGE INTERNATIONAL, INC.

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

9930 NW 21ST
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9930 NW 21ST
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-8698855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC.
18501 PINES BLVD STE 201-H1
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELORRIAGE, JULENE
Address: 18501 PINES BLVD STE 201-H1
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV () Delete
Name: ALTIMARI, HUGO
Address: 18501 PINES BLVD STE 201-H1
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete
Name: ALTIMARI, HILDA
Address: 18501 PINES BLVD STE 201-H1
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete
Name: ALTIMARI, MIREN
Address: 18501 PINES BLVD STE 201-H1
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELORRIAGA, JULENE
Address: 10331 SW 20TH ST
City-St-Zip: MIAMI, FL 33165

Title: DV (X) Change () Addition
Name: ALTIMARI, HUGO
Address: 10331 SW 20TH ST
City-St-Zip: MIAMI, FL 33165

Title: DS (X) Change () Addition
Name: ALTIMARI, HILDA
Address: 10331 SW 20TH ST
City-St-Zip: MIAMI, FL 33165

Title: DT (X) Change () Addition
Name: ALTIMARI, MIREN
Address: 10331 SW 20TH ST
City-St-Zip: MIAMI, FL 33165

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: MIREN ALTIMARI

DT

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date