

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 005 ***150.00

DOCUMENT # P07000044177					
1. Entity Name C.F.F.(USA), INC.					
Principal Place of Business % COMPUKEEPER INC 2298 NW 2ND AVE - STE 20 BOCA RATON, FL 33431			Mailing Address % COMPUKEEPER INC 2298 NW 2ND AVE - STE 20 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 8233 Stage Coach Lane		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State		4. FEI Number 20-8784231	
Zip 33496-1219		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIBODEAU, ELISABETH L % COMPUKEEPER INC 2298 NW 2ND AVE - STE 20 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: <u>Elisabeth Thibodeau</u> Street Address (P.O. Box Number is Not Acceptable): <u>8233 Stage Coach Lane</u> City: <u>Boca Raton</u> FL Zip Code: <u>33496</u>		
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: <u>(X) Elisabeth Thibodeau</u> (X) 3/20/2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D THIBODEAU, ELISABETH <input type="checkbox"/> Delete 851 NE 69TH ST BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elisabeth Thibodeau <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8233 Stage Coach Lane Boca Raton, FL 33496	
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	
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: <u>(X) Elisabeth Thibodeau</u> (X) 3/20/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					