2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069660

Entity Name: FTDS INTERNATIONAL, INC.

FILED Jul 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	CK OLIVE LAI ON, FL 3349				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
19746 BLACK OLIVE LANE BOCA RATON, FL 33498					
FEI Number:	26-3041984	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
TRUJILLO, RAMON 19746 BLACK OLIVE LANE BOCA RATON, FL 33498 US 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.					
SIGNATUR		nic Signature of Registered Agen	<u> </u>	Date	
Election Cam		3(2)(b), F.S., the corporation did not r g Trust Fund Contribution(). TORS:	·	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TRUJILLO, RAN 19746 BLACK O BOCA RATON,	OLIVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TRUJILLO, MAI 19746 BLACK (BOCA RATON,	OLIVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DONIS, JOSE	STREET APT A 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SALAZAR, RUE 19746 BLACK (BOCA RATON,	BEN OLIVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SALAZAR, JUA 19746 BLACK (BOCA RATON,	OLIVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TRUJILLO, ANI 19746 BLACK (BOCA RATON,	OLIVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RAMON TRUJILLO P 07/31/2009