

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90019 001 ***150.00

DOCUMENT # P95000055153

1. Entity Name
CHRISTIAN FITTIPALDI INTERNATIONAL CORP.



Principal Place of Business
**2475 BRICKELL AVE #2102
MIAMI, FL 33129**

Mailing Address
**8370 W FLAGLER STREET SUITE 248
MIAMI, FL 33144**

40071000



2. Principal Place of Business# - No P.O. Box #
170 Ocean Lane Dr.

3. Mailing Address
170 Ocean Lane Dr.

Suite, Apt. #, etc.
Sr # 510

Suite, Apt. #, etc.
Sr # 510

01102008 Chg-P CR2E034 (12/06)

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

4. FEI Number
65-0601595

Applied For
Not Applicable

Zip
33149

Country
U.S.A.

Zip
33149

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALCINES, CARLOS
8370 W FLAGLER STREET SUITE 248
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**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 **D** ☐ Delete
NAME **FITTIPALDI, CHRISTIAN**
STREET ADDRESS **2475 BRICKELL AVE #2102**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **170 Ocean Lane Dr., Sr # 510**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/08 (305) 9702440