
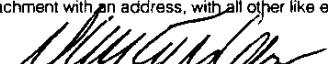


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 039 ***150.00

DOCUMENT # P95000060600 1. Entity Name 4-C INTERNATIONAL, INC.					
Principal Place of Business 7305 124 AVENUE NORTH LARGO, FL 33773			Mailing Address 7305 124 AVENUE NORTH LARGO, FL 33773		
2. Principal Place of Business - No P.O. Box # 2313 Destiny Way		3. Mailing Address 2313 Destiny Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Largo, FL		City & State Largo, FL		4. FEI Number 65-0600200	
Zip 33556		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05012007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CARRODEGUAS, VINCENT 2121 PONCE DE LEON BOULEVARD SUITE 1100 CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PTD CARROSSO, MIGUEL A 7305 124 AVENUE NORTH LARGO, FL 33773 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARROSSO, MIGUEL A 2313 Destiny Way ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROSSO, MARIA I 7305 124 AVENUE NORTH LARGO, FL 33773 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROSSO, MARIA I 2313 Destiny Way ODESSA, FL 33556 <input checked="" 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	D CARROSSO, MARIA M 2313 Destiny Way ODESSA, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: 			4/30/07 727-372-3330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		