

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90168 028 \*\*\*150.00

**DOCUMENT # P98000036633**

1. Entity Name

**CENTRAL FLORIDA INTERNATIONAL INVESTMENTS,  
INC.**



Principal Place of Business

**7021 GRAND NATIONAL DR  
106  
ORLANDO, FL 32819**

Mailing Address

**7021 GRAND NATIONAL DR  
106  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3536855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SVENDSEN, CHRISTEN  
7021 GRAND NATIONAL DR STE 106  
STE 160  
ORLANDO, FL 32819**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PSTD  
NAME SVENDSEN, CHRISTEN  
STREET ADDRESS 7021 GRAND NATIONAL DR STE 106  
CITY - ST - ZIP ORLANDO, FL 32819**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP**

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IN THIS SPACE**

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:**

*Christen Svendsen Sr.*

**3.6.06,**

**407 428 6226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #