

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S38271

1. Entity Name
T.C.C.D. INTERNATIONAL, INC.



Principal Place of Business
2301 NW 33RD CT
STE 103
POMPAÑO BEACH, FL 33069

Mailing Address
2301 NW 33RD CT
STE 103
POMPAÑO BEACH, FL 33069



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0249503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEARCE, ROBERT WAYNE
2888 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALFLEN, THEODORE T.
STREET ADDRESS	2301 NW 33 CT STE 103
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	ST
NAME	ALFLEN, THEODORE T.
STREET ADDRESS	2301 NW 33 CT STE 103
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	D
NAME	ALFLEN, CATHERINE A
STREET ADDRESS	2301 NW 33 CT STE 103
CITY-ST-ZIP	POMPAÑO BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/04-80020-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Theodore Alflen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 954-960-490