

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S38271</b>	
1. Entity Name T.C.C.D. INTERNATIONAL, INC.	
Principal Place of Business 2301 NW 33RD CT STE 103 POMPANO BEACH, FL 33069	Mailing Address 2301 NW 33RD CT STE 103 POMPANO BEACH, FL 33069



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0249503	Applied For Not Applicable
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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, 2005 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	POMPANO BEACH, FL 33069

TITLE	ST
NAME	ALFLEN, THEODORE T.
STREET ADDRESS	2301 NW 33 CT STE 103
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	ALFLEN, CATHERINE A
STREET ADDRESS	2301 NW 33 CT STE 103
CITY-ST-ZIP	POMPANO BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000304224  
04/14/05-80035-001 150.00

**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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-05 954-960-4904