

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90177 032 ***150.00

DOCUMENT # S40861

1. Entity Name
C.P.S. INTERNATIONAL INC.



Principal Place of Business
10914 NW 33 STREET
MIAMI, FL 33172 US

Mailing Address
~~10000 N.W. 17TH STREET, STE 102~~
MIAMI, FL 33172 US

4000000000

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
10914 NW 33 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

City & State

City & State
MIAMI FL

Zip

Country

Zip

33172

Country

04242008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0270246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, LEOPOLDO
9933 SW 156 CT
MIAMI, FL 33182

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 PD
NAME CORDON, RODRIGO ☐ Delete
STREET ADDRESS 10914 NW 33 STREET
CITY-ST-ZIP MIAMI, FL 33172

TITLE VSD
NAME DEMATA, KARLA ☐ Delete
STREET ADDRESS 10914 NW 33 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE TD
NAME PAPAHIU, JUAN ☐ Delete
STREET ADDRESS 10914 NW 33RD ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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

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

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

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

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 #

04-28-08