

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State



DOCUMENT # V28476

1. Entity Name
CBC INTERNATIONAL, INC.

Principal Place of Business Mailing Address
PO BOX 6008 P.O. BOX 1417
DESTIN FL 32550 OPELOUSAS LA 70571



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State 4. FEI Number Applied For
74-2538629 Not Applicable

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

6. Name and Address of Current Registered Agent

VIVIANO, LOUIS B.
5176 BEACHWALK
DESTIN FL 32550

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT VIVIANO, LOUIS B. 5176 BEACHWALK MIRAMAR BEACH FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT VIVIANO, CHRISTY L. 5176 BEACHWALK MIRAMAR BEACH FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000640347
02/28/07-80062-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louis B. Viviano 1-29-07 337-948-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #