

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000056776

Entity Name: FIRST INTERNATIONAL GROUP, INC.**Current Principal Place of Business:**1248 E HILLSBOROUGH AVE
SUITE 232
TAMPA, FL 33610**Current Mailing Address:**1248 E HILLSBOROUGH AVE
SUITE 232
TAMPA, FL 33610 US**FEI Number:** 61-1686863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOR, KENIL
14919 REDCLIFF DR.
TAMPA, FL 33625 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ST JEAN, CLAUDE
Address	1248 E HILLSBOROUGH AVE SUITE 232
City-State-Zip:	TAMPA FL 33610

Title	VP
Name	DOR, KENIL
Address	1248 E HILLSBOROUGH AVE SUITE 232
City-State-Zip:	TAMPA FL 33610

Title	PTD
Name	NELSON, PAUL
Address	1248 E HILLSBOROUGH AVE SUITE 232
City-State-Zip:	TAMPA FL 33610

Title	CFO
Name	ST. JEAN, MCKENLEY L
Address	1248 E HILLSBOROUGH AVE SUITE 232
City-State-Zip:	TAMPA FL 33610

Title	TR
Name	DELANDE, MONA M
Address	1248 E HILLSBOROUGH AVE SUITE 232
City-State-Zip:	TAMPA FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE ST JEAN**PRESIDENT****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date