


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000039873**

1. Entity Name  
3 C'S CORPORATION, INC.



Principal Place of Business      Mailing Address

6821 SW 55 STREET      6821 SW 55 STREET  
DAVIE, FL 33314      DAVIE, FL 33314

**DO NOT WRITE IN THIS SPACE**



02162006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
27-0055078      Not Applicable

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

6. Name and Address of Current Registered Agent

VON MINDEN, RICHARD S  
6821 SW 55 STREET  
DAVIE, FL 33314

**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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00.**

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

100000441770  
03/03/06-80049-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VON MINDEN, RICHARD S 6821 SW 55 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VON MINDEN, MAUREEN 6821 SW 55 STREET DAVIE, FL 33314
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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 all other like empowered.

SIGNATURE: Richard S. Von Minden, PRESIDENT      Date: 2/16/06      Daytime Phone #: 954-804-7268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD S. VON MINDEN