


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90132 026 ***150.00

DOCUMENT # P03000130619

1. Entity Name
C C BUSINESS PLUS, CORP.



Principal Place of Business
**520 NE 11TH AVE.
 FT. LAUDERDALE, FL 33301**

Mailing Address
**520 NE 11TH AVE.
 FT. LAUDERDALE, FL 33301**

54053375



2. Principal Place of Business
6937 BAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.

05052004 Chg-P CR2E034 (10/03)

City & State
MIAMI BEACH FL

City & State

Zip
33141

Country
USA

Zip

Country

4. FEI Number
20-0395051

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**KNOX, LARRY J
 520 NE 11TH AVE.
 FT. LAUDERDALE, FL 33301**

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

7. Name and Address of New Registered Agent

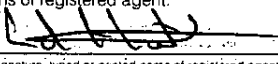
Name
CARLOS E CASTRO

Street Address (P.O. Box Number is Not Acceptable)
6937 BAY DRIVE # 205

City
MIAMI BEACH FL

Zip Code
33141

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: **05/05/04**

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

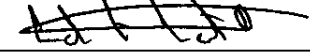
**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOX, LARRY J		NAME CARLOS E CASTRO	
STREET ADDRESS 520 NE 11TH AVE.		STREET ADDRESS 6937 BAY DRIVE # 205	
CITY-ST-ZIP FT. LAUDERDALE, FL 33301		CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **05/05/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #