

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137728

Entity Name: CC4 ACQUISITION INC.

FILED
Mar 03, 2011
Secretary of State

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
SUITE 304
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
SUITE 304
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
1200 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MURAI WALD BIONDO MORENO, P.A.
1200 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: CRISTINA MORENO, VP

03/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/CH
Name: DE LA CRUZ, CARLOS M SR.
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DPT
Name: DE LA CRUZ, ALBERTO E
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES,, FL 33134 US

Title: DVPS
Name: RIVERA, ALBERTO
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPAS
Name: BRAVO, JULIO
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

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: CARLOS M. DE LA CRUZ, SR.

DCH

03/03/2011

Electronic Signature of Signing Officer or Director

Date