

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137728

Entity Name: CC4 ACQUISITION INC.

FILED  
Feb 03, 2012  
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, P.A.  
1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**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.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DCH

02/03/2012

\_\_\_\_\_  
Date