....2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P05000054548** C AND C INVESTORS INC. Principal Place of Business Mailing Address 1800 S.W. 104 AVENUE 1800 S.W. 104 AVENUE MIAMI, FL 33165 MIAMI, FL 33165 CR2E034 (11/05) 02122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0981130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURSTEIN, BERNARDO ESQ. DO NOT WRITE 12000 BISCAYNE BOULEVARD SUITE 508 IN THIS SPACE NORTH MIAMI, FL 33181 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or conted game of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CAULA, ANTONIO S NAME 1800 S.W. 104 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 **VDS** TITLE CAULA, MARIA C NAME 05/21/08-80059-014 150.00 1800 S.W. 104 AVENUE STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED