

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064872

FILED
Jan 11, 2008
Secretary of State

Entity Name: CEC1, INC.

Current Principal Place of Business:

255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES, FL 33134

New Principal Place of Business:

2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES, FL 33134

New Mailing Address:

2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 20-2841554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, CARLOS A P.A.
255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MARIN, CARLOS A P.A.
2320 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: CONRADO CAUSSA

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: CAUSSA, CONRADO
Address: 255 ALHAMBRA CIRCLE SUITE 720
City-St-Zip: CORAL GABLES, FL 33134

Title: ST () Delete
Name: CAUSSA, CONRADO
Address: 255 ALHAMBRA CIRCLE SUITE 720
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change () Addition
Name: CAUSSA, CONRADO
Address: 2320 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change () Addition
Name: CAUSSA, CONRADO
Address: 2320 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONRADO CAUSSA

DPVP

01/11/2008

Electronic Signature of Signing Officer or Director

Date