
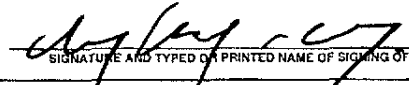


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000060098					
1. Entity Name C C 1, INC.					
Principal Place of Business 3201 N.W. 72ND AVENUE MIAMI, FL 33122			Mailing Address 3201 N.W. 72ND AVENUE MIAMI, FL 33122		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURAI, WALD BIONDO & MORENO, P.A. 900 INGRAHAM BLDG. 25 S.E. 2ND AVENUE MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEL LA CRUZ, ALBERTO	NAME	U00000055351		
STREET ADDRESS	3201 N.W. 72ND AVE.	STREET ADDRESS	02/17/04-80035-013 150.00		
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEL LA CRUZ, CARLOS SR.	NAME			
STREET ADDRESS	3201 N.W. 72ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP			
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAVAR, ROGLIO A	NAME			
STREET ADDRESS	3201 NW 72 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP			
TITLE	VPGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KADRE, MANUEL	NAME			
STREET ADDRESS	3201 NW 72 AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	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)(f), 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: 		CARLOS M. de la CRUZ		2/4/2004 (305) 599-2337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	