


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90023 012 \*\*\*150.00

**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**


**40008239**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0600249**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD BIONDO & MORENO, P.A.**  
 900 INGRAHAM BLDG.  
 25 S.E. 2ND AVENUE  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

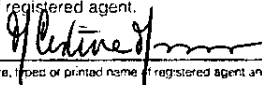
Name  
**MURAL, WALD, BIONDO, MORENO & BROUIN, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2 ALHAMBRA PLAZA**

PENTHOUSE 1B

City **CORAL GABLES** FL Zip Code **33134**

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  **Vice President** DATE **1/25/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005-Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEL LA CRUZ, ALBERTO</b>	
STREET ADDRESS	<b>3201 N.W. 72ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEL LA CRUZ, CARLOS SR.</b>	
STREET ADDRESS	<b>3201 N.W. 72ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>TAVAR, ROGLIO A</b>	
STREET ADDRESS	<b>3201 NW 72 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	<b>VPGC</b>	<input type="checkbox"/> Delete
NAME	<b>KADRE, MANUEL</b>	
STREET ADDRESS	<b>3201 NW 72 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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, SR.** DATE **1/14/2005** DAYTIME PHONE # **(305) 599-2337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR