


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 26, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000060098</b>	
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
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01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0600249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD BIONDO & MORENO. P.A.  
2 ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL LA CRUZ, ALBERTO 3201 N.W. 72ND AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL LA CRUZ, CARLOS SR. 3201 N.W. 72ND AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TOVAR, ROGELIO A 3201 NW 72 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC KADRE, MANUEL 3201 NW 72 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000679724  
04/03/07-80049-016 150.00

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Manuel Kadre MANUEL KADRE Date: 3/13/2007 (305) 599-2337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #