## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000060098

Entity Name: CC1, INC.

FILED Feb 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 ALHAMBRA CIRCLE SUITE 304 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

220 ALHAMBRA CIRCLE SUITE 304 CORAL GABLES, FL 33134

FEI Number: 65-0600249 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURAI, WALD BIONDO & MORENO. P.A. 2 ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 US MURAI, WALD BIONDO & MORENO. P.A. 1200 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: 02/16/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: [

Name: DEL LA CRUZ, ALBERTO

Address: 220 ALHAMBRA CIRCLE, SUITE 304 City-St-Zip: CORAL GABLES, FL, FL 33134

Title: DPT

Name: DE LA CRUZ, CARLOS SR.

Address: 220 ALHAMBRA CIRCLE, SUITE 304 City-St-Zip: CORAL GABLES, FL 33134

Title: VP/S

Name: RIVERA, ALBERTO

Address: 220 ALHAMBRA CIRCLE, SUITE 304 City-St-Zip: CORAL GABLES,, FL 33134

Title: VP/A

Name: BRAVO, JULIO

Address: 220 ALHAMBRA CIRCLE, SUITE 304 City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CARLOS M. DE LA CRUZ MGRM 02/16/2010