

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000060098

**Entity Name:** C C 1, INC.

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
SUITE 304  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
SUITE 304  
CORAL GABLES, FL 33134

**FEI Number:** 65-0600249

**Certificate of Status Desired:** Yes

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name DEL LA CRUZ, ALBERTO E  
Address 220 ALHAMBRA CIRCLE, SUITE 304  
City-State-Zip: CORAL GABLES FL 33134

Title DCH  
Name DE LA CRUZ, CARLOS SR.  
Address 220 ALHAMBRA CIRCLE, SUITE 304  
City-State-Zip: CORAL GABLES FL 33134

Title DVPS  
Name RIVERA, ALBERTO  
Address 220 ALHAMBRA CIRCLE, SUITE 304  
City-State-Zip: CORAL GABLES, FL 33134

Title VPAS  
Name BRAVO, JULIO  
Address 220 ALHAMBRA CIRCLE, SUITE 304  
City-State-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, SR.

DCH

02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date