


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90008 037 ***550.00

DOCUMENT # H81865 1. Entity Name C. C. U., INC.																																																																																																																																													
Principal Place of Business 14089 SW 144 AVE RD. MIAMI, FL 33186 US			Mailing Address 13945 CARTEE RD MIAMI, FL 33158 US																																																																																																																																										
2. Principal Place of Business 14089 S.W. 144 AVE. RD.		3. Mailing Address 14089 S.W. 144 AVE. RD.																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																											
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 59-2629542																																																																																																																																									
Zip 33186		Country USA		Applied For Not Applicable																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																											
6. Name and Address of Current Registered Agent WALKER, BENJAMIN H JR 13945 CARTEE RD MIAMI, FL 33158			7. Name and Address of New Registered Agent 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 <u>President</u> DATE <u>7-5-05</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALKER, BENJAMIN H., JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13945 CARTEE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANGIANO, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7215 N.W. 63 WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PARKLAND, FL 33067</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRUDZIECKI, TERESA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9450 EASTER RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHISTOPHER GLASS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9272 SW 182 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP Walker, Benjamin H Jr, X</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change</td> <td style="width: 10%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>6550 SW 126 St.</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI FL 33156</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	WALKER, BENJAMIN H., JR		STREET ADDRESS	13945 CARTEE RD		CITY-ST-ZIP	MIAMI, FL		TITLE	VP	<input type="checkbox"/> Delete	NAME	CANGIANO, JOSE		STREET ADDRESS	7215 N.W. 63 WAY		CITY-ST-ZIP	PARKLAND, FL 33067		TITLE	S	<input type="checkbox"/> Delete	NAME	GRUDZIECKI, TERESA		STREET ADDRESS	9450 EASTER RD		CITY-ST-ZIP	MIAMI, FL 33157		TITLE	T	<input type="checkbox"/> Delete	NAME	CHISTOPHER GLASS		STREET ADDRESS	9272 SW 182 ST.		CITY-ST-ZIP	MIAMI, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DP Walker, Benjamin H Jr, X	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME	6550 SW 126 St.			STREET ADDRESS	MIAMI FL 33156			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			
TITLE	DP	<input type="checkbox"/> Delete																																																																																																																																											
NAME	WALKER, BENJAMIN H., JR																																																																																																																																												
STREET ADDRESS	13945 CARTEE RD																																																																																																																																												
CITY-ST-ZIP	MIAMI, FL																																																																																																																																												
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																																											
NAME	CANGIANO, JOSE																																																																																																																																												
STREET ADDRESS	7215 N.W. 63 WAY																																																																																																																																												
CITY-ST-ZIP	PARKLAND, FL 33067																																																																																																																																												
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																											
NAME	GRUDZIECKI, TERESA																																																																																																																																												
STREET ADDRESS	9450 EASTER RD																																																																																																																																												
CITY-ST-ZIP	MIAMI, FL 33157																																																																																																																																												
TITLE	T	<input type="checkbox"/> Delete																																																																																																																																											
NAME	CHISTOPHER GLASS																																																																																																																																												
STREET ADDRESS	9272 SW 182 ST.																																																																																																																																												
CITY-ST-ZIP	MIAMI, FL																																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																																											
NAME																																																																																																																																													
STREET ADDRESS																																																																																																																																													
CITY-ST-ZIP																																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																																											
NAME																																																																																																																																													
STREET ADDRESS																																																																																																																																													
CITY-ST-ZIP																																																																																																																																													
TITLE	DP Walker, Benjamin H Jr, X	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																																																																										
NAME	6550 SW 126 St.																																																																																																																																												
STREET ADDRESS	MIAMI FL 33156																																																																																																																																												
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: <u>[Signature]</u> DATE <u>7-5-05</u> DAYTIME PHONE # <u>305-235-0394</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													

20061925



07052005 Chg-P CR2E034 (10/03)