


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L16058 1. Entity Name C C REAL ESTATE, INC. |  |
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| Principal Place of Business 5930 N. BAYSHORE DR. MIAMI, FL 33137 | Mailing Address 5930 N. BAYSHORE DR. MIAMI, FL 33137 |
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-0679427 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CLARK, JUDY 5930 N. BAYSHORE DR. MIAMI, FL 33137 |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000089076 03/15/04-80076-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CLARK, JUDY 5930 N. BAYSHORE DR. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WILLITTS, GORDON 411 NE 52ND STREET MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Judy Clark 3/10/04 305 754 1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #