

2007

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90158 016 ***150.00

DOCUMENT # M33812 1. Entity Name C.C.F. Supplies Corp.
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 115 S.E. 1st Ave. Suite, Apt. #, etc.	3. Mailing Address 115 S.E. 1st Ave. Suite, Apt. #, etc.
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40059061

DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-2692519	Applied For Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Villaverde, Jose L.	
Street Address (P.O. Box Number is Not Acceptable) 115 S.E. 1st Ave.	
City Miami	Zip Code FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Villaverde, Jose L. 15633 S.W. 50th Terr. Miami, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose L. Villaverde Jose L. Villaverde 4/11/07 305-381-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #