2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# N20176

Entity Name: C. C. K. C., INC.

Current Principal Place of Business:

9715 56 ST. N
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

9715 56 ST. N
TAMPA, FL 33617 US

New Mailing Address:

18902 BELLFLOWER RDS.
TAMPA, FL 33647 US

FEI Number: 59-2606930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AGUINALDO, JORGE T
18902 BELLFLOWER RD.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: AGUINALDO, JORGE T
Address: 18902 BELLFLOWER RD
City-St-Zip: TAMPA, FL 33647 US

Title: DS ( ) Delete
Name: DISEFANO, HENRY J
Address: 7810 N 53RD ST
City-St-Zip: TAMPA, FL 33617 US

Title: DT ( ) Delete
Name: RAIMUNDI, JOSE A
Address: 2506 E. 149TH AVE.
City-St-Zip: LUTZ, FL 33559 US

Title: D ( ) Delete
Name: CONTE, GIORLANDO
Address: 7810 N. 53RD ST.
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE T. AGUINALDO DP 06/28/2009

Electronic Signature of Signing Officer or Director — Date