# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**
**Apr 24, 2006 8:00 am**
**Secretary of State**
03-01-2006 90028 009 ****61.25

DOCUMENT # N39909

1. Entity Name
CNC MANAGEMENT INC.

66011639

| Principal Place of Business | Mailing Address |
|---|---|
| 1223 SW 4 STREET<br>MIAMI, FL 33130-2038 | 1223 SW 4 STREET<br>MIAMI, FL 33130-2038 |

01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0230452
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
1223 SW 4 STREET
MIAMI, FL 33130-2038

**DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | DIAZ, GUARIONE M. |
| STREET ADDRESS | 1223 SW 4 STREET |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | D |
| NAME | GALAN, JUAN |
| STREET ADDRESS | 355 COCOPLUM RD |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | TD |
| NAME | SWITZER, RAQUEL C |
| STREET ADDRESS | 1223 SW 4 STREET |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | D |
| NAME | NAVARRO, MARTA |
| STREET ADDRESS | 1223 SW 4 STREET 2ND FLOOR |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | DEVP |
| NAME | PAZOS, ANDRES |
| STREET ADDRESS | 1223 SW 4 STREET |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | DS |
| NAME | SANTANA, CRISTINA |
| STREET ADDRESS | 1223 SW 4 STREET |
| CITY-ST-ZIP | MIAMI, FL 33135 |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MBARRETO 4/18/06 305 842354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66011639

#N39909

D
Barreto, Marielena
1223 SW 4 Street
Miami, Florida 33135