

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N39909

1. Entity Name
CNC MANAGEMENT INC.



Principal Place of Business

**1223 SW 4 STREET
MIAMI, FL 33130-2038**

Mailing Address

**1223 SW 4 STREET
MIAMI, FL 33130-2038**

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP

CR2E037 (4/06)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DIAZ, GUARIONE M.
1223 SW 4 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GALAN, JUAN
355 COCOPLUM RD
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SWITZER, RAQUEL C
1223 SW 4 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NAVARRO, MARTA
1223 SW 4 STREET 2ND FLOOR
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVP
PAZOS, ANDRES
1223 SW 4 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SANTANA, CRISTINA
1223 SW 4 STREET
MIAMI, FL 33135**

UD00000757352
05/23/07-80067-014 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/07