

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39909

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: CNC MANAGEMENT INC.

## Current Principal Place of Business:

1223 SW 4 STREET  
MIAMI, FL 331302038

## New Principal Place of Business:

## Current Mailing Address:

1223 SW 4 STREET  
MIAMI, FL 331302038

## New Mailing Address:

FEI Number: 65-0230452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, GUARIONE M  
1223 SW 4 STREET  
MIAMI, FL 331302038 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: DIAZ, GUARIONE M.  
Address: 1223 SW 4 STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: WILFREDO, ALLEN  
Address: 2250 SW 3 AVE #303  
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete  
Name: SWITZER, RAQUEL C  
Address: 1223 SW 4 STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: NAVARRO, MARTA  
Address: 1223 SW 4 STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33135

Title: DEVP ( ) Delete  
Name: PAZOS, ANDRES  
Address: 1223 SW 4 STREET  
City-St-Zip: MIAMI, FL 33135

Title: DS ( ) Delete  
Name: SANTANA, CRISTINA  
Address: 1223 SW 4 STREET  
City-St-Zip: MIAMI, FL 33135

## 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:

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: MARTA NAVARRO

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date