2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P00000033796

Entity Name: CCG VENTURES, INC.

Current Principal Place of Business:

1500 SAN REMO AVENUE
SUITE 206
MIAMI, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVENUE
SUITE 206
MIAMI, FL 33146

New Mailing Address:

FEI Number: 65-0998202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOUS, YAQUELIN
1500 SAN REMO AVENUE
SUITE 206
MIAMI, FL 33146 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: CINSNEROS, JAMES B
Address: 330 DOLIAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete
Name: PEREZ, VINCENT
Address: 320 DOLIAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete
Name: PEREZ, STEVEN
Address: 320 DOLIAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete
Name: CISNEROS, ROBERT B
Address: 320 DOLIAS COURT
City-St-Zip: CORALGABLES, FL 33143

Title: D ( ) Delete
Name: CISNEROS, AUGUSTO F
Address: 431 COSTANGERA ROAD
City-St-Zip: CORAL GABLES, FL 33143

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BLANCHARD DPST 04/30/2009

Electronic Signature of Signing Officer or Director — Date