

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000036919

1. Entity Name
C3 ACQUISITION CORPORATION



Principal Place of Business
1500 W. CYPRESS CREEK RD
STE. 409
FORT LAUDERDALE, FL 33309

Mailing Address
1500 W. CYPRESS CREEK RD
STE. 409
FORT LAUDERDALE, FL 33309

FILED

06 MAY 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHULTZ, MICHAEL E
C/O BRENNER REAL ESTATE GROUP
1500 W. CYPRESS CREEK RD #419
FORT LAUDERDALE, FL 33309

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	DPT SCHULTZ, MICHAEL E 2830 LONG MEADOW DR W. PALM BEACH, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000076106860
06/12/06--01049--006 **\$50.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAY 24 2006

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 607, 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

4/13/06

Date

Daytime Phone #