

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 036 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000077604
 1. Entity Name
 C & C USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6001 NW 153 STREET
 Suite, Apt. #, etc.
 SUITE 162

3. Mailing Address
 6001 NW 153 STREET
 Suite, Apt. #, etc.
 SUITE 162

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI LAKES, FLORIDA

City & State
 MIAMI LAKES, FLORIDA

Zip
 33014

Country
 USA

Zip
 33014

Country
 USA

4. FEI Number
 65-1033028

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 HUMBERTO FARFAN

Street Address (P.O. Box Number is Not Acceptable)
 6001 NW 153 ST

SUITE 162

City
 MIAMI LAKES

FL

Zip Code
 33014

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title / Applicable (NOTE: Registered Agent's signature required when re-designing) DATE:

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**Amount - 1 - Day Fee is \$100.00
 After May 1, Fee is \$200.00
 Amount UBR is \$67.50
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HUMBERTO FARFAN 6001 NW 65 STREET, SUITE 162 MIAMI LAKES, FL. 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 11 or on an attachment with an address with authority like empowered.

SIGNATURE: _____ **4-10-02 (305) 818 2218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E0346 (12/01)