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SIGNATURE:

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P00000107714** 04-28-2004 90215 023 \*\*\*158.75 1. Entity Name COUNTRY CLUB CONFECTIONS, INC. 14010046 Principal Place of Business Mailing Address 18534 NW 67 AVE 4601 PONCE DE LEON BLVD. #310 HIALEAH, FL 33015 CORAL GABLES, FL 33146 2. Principal Place of Business 04232004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-1094047 Not Applicable \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent GRANDE, VICTOR 4601 PONCE DE LEON BLVD **SUITE 310** CORAL GABLES, FL 33146 **多まの**に 8. The above named entity of mit 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 regis Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE TITLE GRANDE, VICTOR NAME NAME STREET ADDRESS 4601 PONCE DE LEON BLD. #310 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE\*\* -- Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the rec ess, with all other like empowered. changed or on an attachment wi

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #