
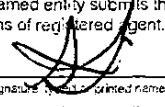
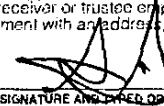


**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90028 037 \*\*\*150.00  
03-18-2004 90028 032 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000023991</b>			
1. Entity Name <b>C. C. CUERVO, INC.</b>			
Principal Place of Business <b>535 WEST 64TH DRIVE HIALEAH, FL 33012</b>		Mailing Address <b>535 WEST 64TH DRIVE HIALEAH, FL 33012</b>	
2. Principal Place of Business <b>374 West 65th Street</b>		3. Mailing Address <b>374 West 65th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah, FL</b>	
Zip <b>33012</b>	Country <b>US</b>	Zip <b>33012</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>CUERVO, CARLOS 535 WEST 64TH DRIVE HIALEAH, FL 33012</b>		4. FEI Number <b>APPLIED FOR</b>	
		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent		02172004 Chg-P CR2E034 (10/03)	
Name <b>Adel Hernandez</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>374 West 65th Street</b>			
City <b>Hialeah</b>		FL Zip Code <b>33012</b>	
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 		DATE <b>2-17-04</b>	
Signatures of officers and directors required when re-registering.		(NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUERVO, CARLOS 535 WEST 64TH DRIVE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Adel Hernandez 374 West 65th Street Hialeah, FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 		DATE <b>2-17-04</b>	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	