

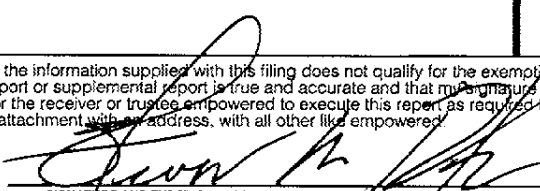


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000035915		
1. Entity Name CCMR, INC.		
Principal Place of Business 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064	Mailing Address 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064	
DO NOT WRITE IN THIS SPACE		
		01062004 No Chg-P CR2E034 (10/03)
		4. FEI Number 01-0652172
		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 ROUKES, STEVEN M 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUKES, STEVEN M 3003 N ANDREWS AVE EXT. POMPANO BCH, FL 33064	
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/7/04</u> Daytime Phone # <u>954-935-0100</u>