2006 FLORIDA ANNUAL REPORT

DOCUMENT # P02000121546

Apr 11, 2006 8:0
Secretary of Sta
04-11-2006 90110 015 ***150.

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1. Entity Name
CCR - U.S., INC.

Principal Place of Business	Mailing Address
622 BEACHLAND BLVD. SUITE A VERO BEACH, FL 32963	622 BEACHLAND BLVD. SUITE A VERO BEACH, FL 32963

02112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 2855 Ocean Drive
Suite, Apt. #, etc.: C-2
City & State: Vero Beach, FL
Zip: 32963
Country: Indian River

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 11-3666457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENINCASA, V.J.
1946 16 AVE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	P URETA, FELIX AVENIDA SANTA CRUZ 348 SAN ISIDRO LIMA, PERU.	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANCOURT, EDNA AVENIDA SANTA CRUZ 348 SAN ISIDRO LIMA, PERU.	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ EDNA DANCOURT 4/4/06 (772) 231-9388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #