

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004936

1. Entity Name  
C & C CAPITAL TRADING CORP.



FILED

05 JAN 31 AM 11:10

Principal Place of Business  
6480 SW 8 STREET  
MIAMI, FL 33144

Mailing Address  
6480 SW 8 STREET  
MIAMI, FL 33144

FILED IN THE STATE OF FLORIDA  
TALLAHASSEE

04-05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012004 Chg-P CR2E034 (10/03)

4. Fee Number

36-4520006

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORZO, MAXIMO  
6480 SW 8 STREET  
MIAMI, FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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  
D  
CORZO, MAXIMO  
6480 SW 8 STREET  
MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
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TITLE  
NAME  
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CITY-ST-ZIP  
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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  
800042762448  
11/15/04--01080--020 \*\*\$550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
800042762448  
02/10/05--01012--001 \*\*\$350.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
800042762448  
02/10/05--01012--002 \*\*\$8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

305.261.2406

Daytime Phone #