

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

04-28-2004 90175 043 ***150.00

DOCUMENT # P03000153433 1. Entity Name CCD MANAGEMENT, INC.					
Principal Place of Business 14533 S DIKE HWY MIAMI, FL 33156			Mailing Address 14533 S DIKE HWY MIAMI, FL 33156		
2. Principal Place of Business 9340 SW 134TH STREET Suite, Apt. #, etc.			3. Mailing Address 9340 SW 134TH STREET Suite, Apt. #, etc.		
City & State MIAMI - FL		City & State MIAMI - FL		4. FEI Number 03-0532390	
Zip 33176		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYAN, CLIVE M 14533 S DIKE HWY MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9340 SW 134TH STREET City MIAMI FL Zip Code 33176		
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: <u><i>Maurice Jenkins</i></u> DATE: <u>4/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, MAURICE 9340 SW 134 TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, LANI 9340 SW 134TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, LANI 9340 SW 134TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, LANI 9340 SW 134TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, LANI 9340 SW 134TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, LANI 9340 SW 134TH ST MIAMI, FL 33176		<input type="checkbox"/> Delete		
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: <u><i>Maurice Jenkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/23/04</u> DAYTIME PHONE #: <u>305-664-0715</u>		

66421376



04202004 Chg-P CR2E034 (10/03)