

# 2008 FOR PROFIT CORPORATION AMENDED-ANNUAL REPORT

|                                   |  |                                                                                   |
|-----------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P04000075805           |  |  |
| 1. Entity Name<br>CCT CORPORATION |  |                                                                                   |

FILED

08 DEC -1 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>11250 NW 25TH STREET<br>SUITE 114<br>MIAMI, FL 33172 | Mailing Address<br>11250 NW 25TH STREET<br>SUITE 114<br>MIAMI, FL 33172 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

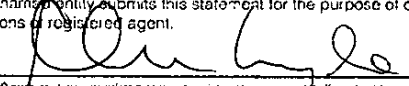
11212008 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>42-1629785 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>OLLINO, CHRISTIAN M<br>11250 NW 25TH STREET<br>SUITE 114<br>MIAMI, FL 33172 |
|------------------------------------------------------------------------------------------------------------------------------------|

|                                                                            |                      |
|----------------------------------------------------------------------------|----------------------|
| 7. Name and Address of New Registered Agent                                |                      |
| Name<br>Carolina Loyola                                                    |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>11250 NW 25TH STREET |                      |
| Suite 114                                                                  |                      |
| City<br>Miami                                                              | FL Zip Code<br>33172 |

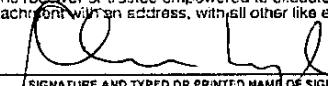
|                                                                                                                                                                                                                               |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 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<br>                                                                                                                              | DATE<br>11/21/2008 |

|                       |                                                                                                              |
|-----------------------|--------------------------------------------------------------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                            |
|----------------------------------------------------|--------------------------------------------|
| TITLE<br>PRES                                      | <input checked="" type="checkbox"/> Delete |
| NAME<br>OLLINO, CHRISTIAN M                        |                                            |
| STREET ADDRESS<br>11250 NW 25TH STREET - SUITE 114 |                                            |
| CITY-STATE-ZIP<br>MIAMI, FL 33172                  |                                            |
| TITLE                                              | <input type="checkbox"/> Delete            |
| NAME                                               |                                            |
| STREET ADDRESS                                     |                                            |
| CITY-STATE-ZIP                                     |                                            |
| TITLE                                              | <input type="checkbox"/> Delete            |
| NAME                                               |                                            |
| STREET ADDRESS                                     |                                            |
| CITY-STATE-ZIP                                     |                                            |
| TITLE                                              | <input type="checkbox"/> Delete            |
| NAME                                               |                                            |
| STREET ADDRESS                                     |                                            |
| CITY-STATE-ZIP                                     |                                            |
| TITLE                                              | <input type="checkbox"/> Delete            |
| NAME                                               |                                            |
| STREET ADDRESS                                     |                                            |
| CITY-STATE-ZIP                                     |                                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>President                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>Ricardo Bambach                               |                                                                              |
| STREET ADDRESS<br>11250 NW 25TH STREET - Suite 114    |                                                                              |
| CITY-STATE-ZIP<br>Miami, FL 33172                     |                                                                              |
| TITLE<br>Secretary                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>Carolina Loyola                               |                                                                              |
| STREET ADDRESS<br>11250 NW 25TH STREET - Suite 114    |                                                                              |
| CITY-STATE-ZIP<br>Miami, FL 33172                     |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-STATE-ZIP                                        |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-STATE-ZIP                                        |                                                                              |

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:<br> | DATE<br>11/21/08 | DAYTIME PHONE #<br>305-733-5162 |
|---------------------------------------------------------------------------------------------------|------------------|---------------------------------|