2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000075805

1. Entity Name
CCT CORPORATION

FILED
08 DEC -1 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11250 NW 25TH STREET SUITE 114 MIAMI, FL 33172	11250 NW 25TH STREET SUITE 114 MIAMI, FL 33172

11212008 Chg-P CR2E034 (12/06)

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

4. FEI Number 42-1629785 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLLINO, CHRISTIAN M 11250 NW 25TH STREET SUITE 114 MIAMI, FL 33172	Name Carolina Loyola Street Address (P.O. Box Number is Not Acceptable) 11250 NW 25TH Street Suite 114 City Miami FL Zip Code 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 Carolina Loyola, CAROLINA LOYOLA, Secretary 11/21/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES OLLINO, CHRISTIAN M 11250 NW 25TH STREET - SUITE 114 MIAMI, FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ricardo Bambach 11250 NW 25TH Street - Suite 114 Miami, FL 33172 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carolina Loyola 11250 NW 25TH Street - Suite 114 Miami, FL 33172 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7 12/2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300138346403 12/01/08--01072--014 $70.00 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Carolina Loyola CAROLINA LOYOLA, Secretary 11/21/08 305-733-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #