

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/18/2

FILED
May 23, 2005 8:00 am
Secretary of State

04-18-2005 90263 010 ***150.00

DOCUMENT # P04000095432	
1. Entity Name CCS OF FLORIDA 1, INC.	

Principal Place of Business 10845 SW 112 AVENUE 301 MIAMI, FL 33176 US	Mailing Address 10845 SW 112 AVENUE 301 MIAMI, FL 33176 US
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66018202



2. Principal Place of Business 10845 SW 112 AVE 301 MIAMI, FL 33176 US	3. Mailing Address 10845 SW 112 AVE 301 MIAMI, FL 33176 US
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01042005 Chg-P CR2ED34 (10/03)

City & State MIAMI, FL 33176 US	City & State MIAMI, FL 33176 US
Zip 33176	Zip 33176
Country MIAMI-DADE	Country MIAMI-DADE

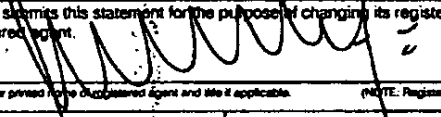
4. FEI Number 20-1276209	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LLANES, PABLO H 10845 SW 112 AVENUE 301 MIAMI, FL 33176	
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7. Name and Address of New Registered Agent Name LLANES, PABLO H Street Address (P.O. Box Number is Not Acceptable) 10845 SW 112 AVE 301 City MIAMI, FL 33176 FL Zip Code 33176	
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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 4/11/05
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FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLANES, PABLO H 10845 SW 112 AVENUE MIAMI, FL 33176 ☐ 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
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
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 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: 	DATE 4/11/05 (206) 319-4834
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