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

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000095432

1. Entity Name
CCS OF FLORIDA 1, INC.

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

2. Principal Place of Business	3. Mailing Address
10845 SW 112 AVE	10845 SW 112 AVE
Suite, Apt #, etc. 301	Suite, Apt #, etc. 301
City & State MIAMI, FL 33176 US	City & State MIAMI, FL 33176 US
Zip 33176 Country MIAMI-DADE	Zip 33176 Country MIAMI-DADE

4. FEI Number 20-1276209 ☐ 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
LLANES, PABLO H 10845 SW 112 AVENUE 301 MIAMI, FL 33176	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

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] 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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
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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: PABLO H LLANES [signature] 4/11/05 (786)319-4834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #