

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PS 112

5/3/2005-90154-008 \$150.00-\$150.00

FILED  
05 NOV 22 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

|   |                     |                                 |   |   |                                   |
|---|---------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # P04000166007</b>  |                     |                                 |   |   |                                   |
| 1. Entity Name<br><b>CORPORATE CAPITAL INVESTMENTS INC.</b>   |                     |                                 |   |   |                                   |
| Principal Place of Business<br><b>133 E MAIN ST<br/>ELMSFORD NY 10523</b>   |                     |                                 | Mailing Address<br><b>133 E MAIN ST<br/>ELMSFORD NY 10523</b> |   |                                   |
| 2. Principal Place of Business  |                     |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.   |                     |                                 | Suite, Apt. #, etc.   |   |                                   |
| City & State  |                     |                                 | City & State  |   |                                   |
| Zip   | Country             | Zip                             | Country   | 4. FEI Number<br><b>20-1996826</b>  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                     |                                 |   | Applied For<br>Not Applicable   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>MICHAEL J MCGOEY CPA INC<br/>639 EAST OCEAN AVE<br/>SUITE 101<br/>BOYNTON BEACH FL 33435</b>  |                     |                                 |   | 7. Name and Address of New Registered Agent   |                                   |
| Name  |                     |                                 |   | Street Address (P.O. Box Number is Not Acceptable)  |                                   |
| City  |                     |                                 |   | FL Zip Code   |                                   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                     |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                     |                                 |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS  |                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |                                   |
| TITLE   | PD                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | CIANELLI, WILLIAM A |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 133 E MAIN ST       |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | ELMSFORD NY 10523   |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                     |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                     |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                     |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                     |                                 | CITY-ST-ZIP   |   |                                   |
| 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: 4/25/05 (914) 347-7631                                  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |                                 | Daytime Phone #   |   |                                   |

REINSTATEMENT  
T. Roberts NOV 22 2005



PS 292

# **CORPORATE CAPITAL INVESTMENTS**

914-347-7631  
914-347-7632(fax)

133.E. MAIN STREET  
ELMSFORD, NY 10523

## **MEMO**

**TO: TINA ROBERTS**

**FROM: WILLIAM A. CIANELLI**

**DATE: NOVEMBER 22, 2005**

**RE: CORPORATE CAPITAL INVESTMENTS – REINSTATEMENT**

**PAGES: 1**

**NOTE: THIS IS IN RESPONSE TO YOUR REQUEST FOR THE REASON THAT I DID NOT SUBMIT THE ANNUAL REPORT FOR THE CORPORATION LISTED ABOVE.**

**I DID NOT RECEIVE THE REQUEST FOR ADDITIONAL INFORMATION THAT WAS MISSING FROM MY ANNUAL REPORT. IF YOU WOULD PLEASE PROCESS THE RE-INSTATEMENT AS AT YOUR EARLIEST CONVENIENCE.**

**SINCERELY,**



**WILLIAM A. CIANELLI  
CORPORATE CAPITAL INVESTMENTS**