

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000001605

1. Entity Name
CCS SEE SEA, INC.



**FILED
Aug 24, 2005 8:00 am
Secretary of State**

07-08-2005 90021 045 ***150.00

66026343



07012005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address		
13000 SAN MATEO CORAL GABLES, FL 33156		13000 SAN MATEO CORAL GABLES, FL 33156		
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 20-2102701				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SHUFFLEBARGER, CYNTHIA C 13000 SAN MATEO CORAL GABLES, FL 33156				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 7/5/08

Date

Daytime Phone #



ATTACHMENT

FREUND KATZ GOLDSTON YOUNG & CO., P.A.
Certified Public Accountants

66026343

Irwin B. Freund, CPA/PFS
Mitchell T. Katz, CPA, M.S.T.
Steven Goldston, CPA/PFS
Steven A. Young, CPA, CFP, M.S.T.

Sara De Armas Jewett, CPA
Guillermo Martinez, CPA

August 18, 2005

10729 S.W. 104th Street
Killian Professional Village
Miami, Florida 33176
305.279.1288 Tel
305.596.1372 Fax

3111 University Drive
Suite 720
Coral Springs, Florida 33065
954.345.8666 Tel
954.755.3766 Fax

Please reply to:

Miami

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: CCS SEE SEA, INC
Reference No. P05000001605**

Gentlemen:

I am responding to your correspondence dated July 12, 2005, a copy of which is attached. Pursuant to your correspondence, the Federal ID number, which was inadvertently omitted on the original return, has been provided. The original return was filed after May 1st because a notice had never been received. As reflected on the enclosed annual report, the due date is September 7, 2005 and the fee is \$150. There should be no balance due of \$400 for a late fee penalty. Please adjust your records accordingly.

Sincerely,

A handwritten signature in black ink, appearing to read 'SG' followed by a stylized surname.
Steven Goldston
SG/hs

cc: Cynthia Shufflebarger

**CERTIFIED MAIL RETURN RECEIPT REQUESTED
#7004 1160 0001 6744 2104**



ATTACHMENT

6626343

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2005

CCS SEE SEA, INC.
13000 SAN MATEO
CORAL GABLES, FL 33156

Subject: CCS SEE SEA, INC.

Reference Number:

P05000001605

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.