

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018985

Entity Name: CCYF GROUP, INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11436 US19 HWY  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

11436 US19 HWY  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

FEI Number: 20-2284225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABOUCHE, CHAKER  
11436 US 19 HWY  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ABOUCHE, CHAKER  
Address: 11436 US19 HWY  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP  
Name: YOUNES, FADI  
Address: 11436 US 19 HWY  
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAKER ABOUCHE

P

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date