FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

appears in Block 10 or on an

STF FL32381F.1

SIGNATURE AND

FILED May 03, 2006 8:00 am Secretary of State

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2. Principal Place of Business 8.050 N. W. 10th St. 8050 N. W. 10th St. Suite 8 8.050 N. W. 10th St. Apt. 8 8.050 N. W. 10th St. Suite 8 8.050 N. W. 10th St. Apt. 8	C.C. Technology, Inc.					
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Suite Apt #, etc. Suite 8 City & State City & State Miami, FI, County 2ip 33126 DO NOT WRITE IN THIS SPACE State and Address of Current Registered Agent Spatial State of Current Agent Spatial State of Current Registered Agent Spatial State Agent Spatial Spatial State Agent Spatial			3. Mailing Address			
Suite 8 City & State Miami, FL Applied For Non-Applied For N				<u>10th</u>	St.	
Milami, FI, Signature, Speed or printed name of negistered agent and title if applicables. (NOTE Registered Agent Eignature required when reinstating) Alternative (Light Signature, Speed or printed name of negistered agent and title if applicables. (NOTE Registered Agent Eignature required when reinstating) Make Check Propose to Frickers And Diffectors THE NAME And Added to Fees Note (Note). The Name (Note) and accept the obligations of the State. 10. OPTICERS AND DIFFECTORS THE NAME And Added to Fees (Note). The Name (Note) and accept the obligations of the State. 10. OPTICERS AND DIFFECTORS THE Name And Added to Fees (Note). The	Suite 8 Suite 8					
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### Processing Contract Registered Agent Processing Contract Registered Agent	1 '	l '	Zip		у	5 Certificate of Status Desired \$8.75 Additional
Name Name Name Note	33120			TUSA		
Street Address (P.O. Box Number is Not Acceptable) 8050 N.W. 10th St. Suite 8 City Miami FL 33126 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 and total of applicable. SIGNATURE SIGNATURE January 1. May 1 Fee its \$150.00 After May 1. Fee its \$150.00 Americal USR is \$501.25 Make Chech Possible to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS OTY - ST - 2PP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY - ST - 2PP TITLE NAME STREET		•			Andrade	e, Luis
Suite 8 City Miami FL Zip Code 33126 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 and title if applicable. SIGNATURE Signature, 17, May 1 Fee in \$150.00 After littly 1, Fee in \$150.00 After litt					Street Address	(P.O. Box Number is Not Acceptable)
City Miami FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 trie if applicable. (NOTE Registered Agent signature required when reinstating) January 1. May 1 Fee is \$150.00 After Idea 1, Fee is \$150.00 Added to Fee Idea 1, Fee is \$150.00 After Idea 1, Fee is \$150.00 Added to Fee Idea 1, Fee is \$150.00 Added to Fee Idea 1, Fee is \$150.00 After Idea 1, Fee is \$150.00 Added to Fee Idea 1, Fee is \$150.00 Added to Fee Idea 1, Fee is \$150.00 And Idea 1, Fee is \$150						
.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. January 1: May 1 Fee 1s \$150.00 After May 1, Fee 1s \$50.00	ý.					
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12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am	STREET ADDRESS			STRE	ET ADDRESS	

, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06

305-889-1191

Daytime Phone #