

2006

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-03-2006 90253 010 \*\*\*150.00

<b>DOCUMENT #</b> P05000098376	
1. Entity Name	
C.C. Technology, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
8050 N.W. 10th St.		8050 N.W. 10th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 8		Suite 8	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33126	USA	33126	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-3151184	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name	
Andrade, Luis	
Street Address (P.O. Box Number is Not Acceptable)	
8050 N.W. 10th St.	
Suite 8	
City	Zip Code
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

## 10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Andrade, Luis
STREET ADDRESS	8050 N.W. 10th St., Apt. 8
CITY - ST - ZIP	Miami, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D/T/S
NAME	Cotton, Vivian
STREET ADDRESS	8050 N.W. 10th St., Apt. 8
CITY - ST - ZIP	Miami, FL 33126

TITLE	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Andrade

Date

305-889-1191

Daytime Phone #