

2007

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

**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90029 036 ***150.00

DOCUMENT # P05000098376
1. Entity Name C.C. Technology, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8050 N.W. 10th St. Suite, Apt. #, etc. Suite 8 City & State Miami, FL Zip 33126 Country USA	3. Mailing Address 8050 N.W. 10th St. Suite, Apt. #, etc. Suite 8 City & State Miami, FL Zip 33126 Country USA
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40095489

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3151184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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.

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 \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Andrade, Luis 8050 N.W. 10th St., Apt. 8 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Cotton, Vivian 8050 N.W. 10th St., Apt. 8 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #